

L17000005545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

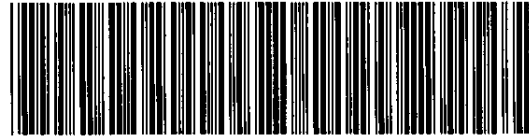
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL ARIZONA
JAN 13 2013

JAN 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAME, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luz Ramirez
(Name of Person)

(Firm/Company)

13550 SW 6 CT # 403
(Address)

Pembroke Pines, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Luz Ramirez at (305) 2445609
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

RAME, LLC

2. The Articles of Organization were filed on 8/1/13 and assigned
document number 213000109545

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/13

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

- NOT NEEDED -

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

LUZ RAMIREZ
13550 SW 6 CT #403
Pembroke Pines, FL 33027

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature [Signature]

Printed Name

Luz Ramirez

FILING FEE: \$25.00

14 SEP -9 PM 10:15
TALLAHASSEE, FL 32309
STATE OF FLORIDA