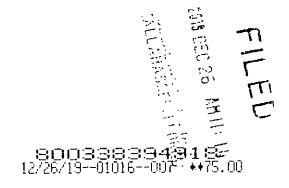
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K. SALY DEC 2 7 2019 FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DR TALLAHASSEE, FL 32301 PH: 850-524-4381 PLEASE FILE THE DISSOLUTION FOR: RONPOPE, LLC PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF DISSOLUTION CHECK# 8545 FOR: \$75.00 (\$25.00 for this filing) *** PLEASE NOTE EFFECTIVE DATE: 12/30/2019 ***

THANK YOU!

COVER LETTER

Division of Corporations			
SUBJECT:	Ronpope, LLC	·	
SOBJECT.		ted Liability Company)	
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.	
Please return	a all correspondence concerning this matter to	the following:	
	Oscar I. Alfonso, Esq.		
	(Na	me of Person)	
	Oscar I. Alfonso & Associates, P.A.	•	
	(Fix	rn/Company)	
	1000 Brickell Avenue, Suite 410		
		(Address)	
	Miami, Florida 33131		
	(City/St	ate and Zip Code)	
For further i	nformation concerning this matter, please call	l:	
Os	car I. Alfonso	305 376-0700 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:		
\$25	6.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	illing Address:	Street Address:	
	egistration Section Registration Section ivision of Corporations Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

FILED 2018 DEC 26 AMIL: 14 TALLAHASSEL FLORIO:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Ronpope, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number L13000119460
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	The consent of all the members.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	· · · · · · · · · · · · · · · · · · ·
	·
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Oscar I. Alfonso
	Signature Printed Name
	FILING FEE: \$25.00