L13000126217

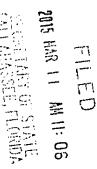
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-	JΡ	☐ WAIT	MAIL			
(Business Entity Name)						
	•					
	(Do	cument Number)			
Certified Copies		_ Certificate	es of Status			
Special Instructions to Filing Officer:						
:						

Office Use Only



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N. Cuttigan MAR 2 7 2015

COVER LETTER

BJECT:	RM Kendrick Enterprises					
	(Name of L	imited Liability Compa	ny)			
e enclose	d Articles of Dissolution and fee(s) are sul	omitted for filing.				
ase returi	n all correspondence concerning this matte	er to the following:				
	Monica Kendrick & Robert k	Kendrick				
	(Name of Person)					
	RM Kendrick Enterprises, dba Florida's Finest Soaps					
		(Firm/Company)				
	843 Lora Lane					
	(Address)					
	Tarpon Springs, FL 34688					
	, : (Cit	y/State and Zip Code)				
or further i	nformation concerning this matter, please	call:				
Monica Kendrick		727 at (455-7765			
	(Name of Person)		ode & Daytime Telephone Numbe			

MAILING ADDRESS:

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

1 . . . (

STREET/COURIER ADDRESS:

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

555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 2015 HAR 11 AN 11: 06

1.	The name of a limited liability con RM Kendrick Enterprises,	mpany is		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2.	The Articles of Organization were	e filed on Sept.	5, 2013	and assigned			
	document number L130001262	17					
3.	The delayed effective date the dis (effective date ca	solution if not efi nnot be prior to or m	fective on the date of ore than 90 days later tha	filing: date document is received for filing)			
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). Company was not profitable.						
	,						
5.	If there are no members, enter the	name and addres	ss of the person appoi	inted to wind up the company's			
	activities and affairs:						
		· · · · · · · · · · · · · · · · · · ·					
6. Iis	Signature of an authorized person sted above to wind up the company	or if there are no	o members, the signat affairs:	ure of the person appointed and			
)	Jon ca Kends	ck.	Monica	Lendrick_			

FILING FEE: \$25.00