

L140000008735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

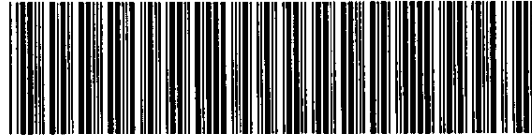
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 30 PM 4:36
CLERK OF THE STATE
TOLSON/STATE PM 015

JUL 01 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R GREAT VAPORS
(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:

DANIEL J. GATTI
(Name of Person)
R GREAT VAPORS
(Firm/Company)
14303 MCKIRKLAND CT.
(Address)
LOUISVILLE KY. 40245
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL J. GATTI at (941) 961-7338
(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

FILED
JUN 30 PM 4:35
TALLAHASSEE, FL

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

1. The name of a limited liability company is

R GREAT VAPORS

2. The Articles of Organization were filed on _____ and assigned

document number _____

DOCUMENT LOST IN MOVE

3. The delayed effective date the dissolution if not effective on the date of filing: 5
(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.

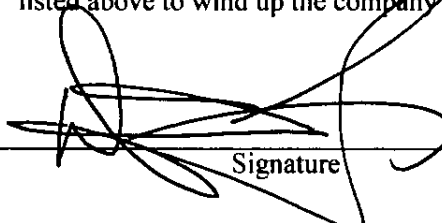
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

THE COMPANY NEVER BEGAN BUSINESS NOR
WAS A BUSINESS LICENSE FILED FOR, DUE
TO MY ILLNESSES. HAD TO MOVE UP TO
LOUISVILLE TO HAVE SUPPORT & HELP FROM FAMILY

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

DANIEL J. GATTI
14303 MCKIRKLAND CT.
LOUISVILLE, KY 40245

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

DANIEL J. GATTI
Printed Name

FILING FEE: \$25.00

FILED
JUN 20 PM 4:35
CLERK OF THE COURT
JULY 10 2010