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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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MAY 1 0 2017 S. YOUNG SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT:
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cacimonal Randeen - Operating Manager (Name of Person) Prates and Associate CLC (Firm/Company) 2601 NW 16 Street Col # 437 (Address) (Address)
Miami, Florida 33/25 (City/State and Zip Code)
For further information concerning this matter, please call: City/State and Zip Code Complete Complete Camplete at (908) 472-9763 (Name of Person) (Area Code & Daytime Telephone Number)

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

\$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 rates and Associate LLC.
2.	The Articles of Organization were filed on $\frac{02/10/2014}{}$ and assigned
	document number <u>L14000022599</u>
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). Sala of perfy - 04/24 #/2017
	THAY
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Augmont Complete Compl
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
1	Taymonol Camolers 05-63/17

FILING FEE: \$25.00