

U4 000038159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/19--01012--003 **25.00

2019 12 30 AM 11:10

R. WHITE
JAN 09 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RRAL Enterprises, 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:

Jason Wilson

(Name of Person)

RRAL Enterprises, LLC

(Firm/Company)

PO Box 135065

(Address)

Clermont, FL 34713-5065

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Wilson

352 324 6279
at ()

(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

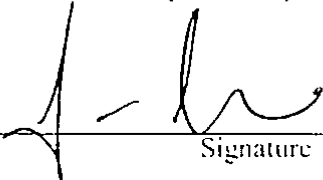
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2015 130 7:11:10

1. The name of a limited liability company is
RRAL Enterprises, LLC
2. The Articles of Organization were filed on 03/06/2014 and assigned
document number L14000038159
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).
Business discontinuation and member consent
Business discontinuation and member consent
Business discontinuation and member consent
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jason Wilson, Manager
PO Box 135065
Clermont, FL 34713-5065
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

Jason Wilson

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RRAL Enterprises, LLC

Document number of Limited Liability Company is: L14000038159

Date of dissolution was: December 20, 2019

Description of information that must be included in a written claim:

Name of claimant _____

A brief description of the claim, whether the claim matured and the date (if applicable). _____

Whether the debt is secured or unsecured. _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

RRAL Enterprises, LLC

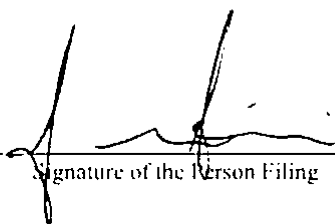
Attention: Jason Wilson

PO Box 135065

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jason Wilson

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00