

L14000042715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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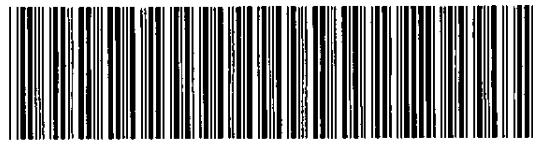
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2016 JUL 25 PM 5:51  
TALLAHASSEE, FLORIDA

JUL 27 2016

Y SULKER

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

1. The name of a limited liability company is

Ramie LLC

2. The Articles of Organization were filed on March 14, 2014 and assigned

document number C14000042715

3. The delayed effective date the dissolution if not effective on the date of filing: July 31, 2016  
(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).

Property Sold, Manager Resigned

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

William Vollmann, Krista Vollmann

491 NE Solida Cir

Port St. Lucie, FL 34983

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:

William Vollmann  
Signature

William Vollmann  
Printed Name

**FILING FEE: \$25.00**

FILED  
16 JUL 25 PM 1:53  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ramie 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:

Krista Vollmann  
(Name of Person)

Vollmann Enterprises LLC  
(Firm/Company)

491 NE Solida Cir  
(Address)

Port St. Lucie, FL 34983  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Vollmann at (782) 359-0222  
(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