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L14 0000 49507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/30/19--01012--008 ♦♦25.00

2019 DEC 30 AM 11:07

R. WHITE
JAN 09 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Access Diagnostic Institute, 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

at (

352

324 6279

(Area Code & Daytime Telephone Number)

(Name of Person)

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**

2013 DEC 30 AM 11:07

1. The name of a limited liability company is

Access Diagnostic Institute, LLC

2. The Articles of Organization were filed on 03/25/2014 and assigned

document number L14000049507

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).

Discontinuation of business operations and member consent.

Discontinuation of business operations and member consent.

Discontinuation of business operations and member consent.

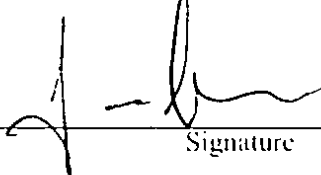
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jason Wilson, Manager of RRAT Enterprises, LLC (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: Access Diagnostic Institute, LLC

Document number of Limited Liability Company is: L14000049507

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, including whether the claim matured and date. _____

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

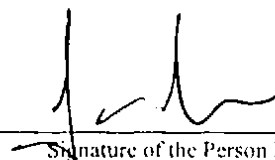
PO Box 135065

Clermont, FL 34713-5065

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