

L15000056582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

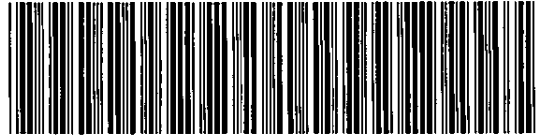
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271336477

04/03/15--01006--009 **25.00

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATE SERVICES

15 APR -3 AM 11:08

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 APR -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2015

T. HAMPTON

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

RBCF HOLDINGS, LLC

L15000056587

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<input checked="" type="checkbox"/> Dissolution	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/3/2015

ST

Order#:
9501959

Ref#: _____

Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RBCF Holdings, 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:

Ryan Brooks

(Name of Person)

Maynard, Cooper & Gale, P.C.

(Firm/Company)

1901 6th Ave. N., Suite 2400

(Address)

Birmingham, AL 35203

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Brooks

(Name of Person)

at (

205

254-1853

(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

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

1. The name of a limited liability company is
RBCF Holdings, LLC
2. The Articles of Organization were filed on March 31, 2015 and assigned
document number L15000056587
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)
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 consent of all of the members.

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

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

William E. Matthews, V

Printed Name

FILING FEE: \$25.00

FILED
15 APR -3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: RBCF Holdings, LLC

Document number of Limited Liability Company is: L15000056587

Date of dissolution was: April 3, 2015

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

All claims against the assets of the company must be made in writing and include the claim amount, basis, and origination date.

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

RBCF Holdings, LLC

c/o David G. Powers

425 South U.S. Highway 17-92

Longwood, FL 32750

FILED
15 APR -3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

William E. Matthews, V

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