

L15000056928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

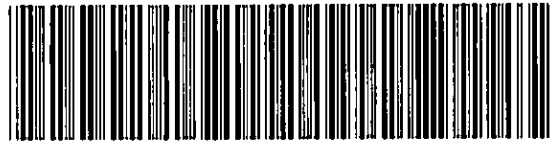
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/16/21--01015--001 **25.00



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STATE
OF FL

JUN 16 2021

**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: 6/16 DANNY

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LLC DISSOLUTION

1. RMR FAMILY LIMITED LIABILITY COMPANY

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMR Family Limited Liability Company

(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:

Russell M. Reiter

(Name of Person)

RMR Family Limited Liability Company

(Firm/Company)

1 Corrine Street

(Address)

Ocean Ridge, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

Russell M. Reiter

(Name of Person)

917

608-7671

at (

) _____
(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

RMR Family Limited Liability Company

2. The Articles of Organization were filed on March 31, 2015 and assigned

document number L15000056928

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).

Company ceased to do business.

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

Russell M. Reiter

1 Corrine Street

Ocean Ridge, FL 33435

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:

RR

Signature

Russell M. Reiter

Printed Name

FILING FEE: \$25.00

FILED
MAR 31 2015
11:09 AM
STATE
OF FLORIDA