# L15000140901

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	:#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2017

RITA FULLER PO BOX 554 HOLLISTER, FL 32147

SUBJECT: RAH RAH REE LLC Ref. Number: L15000140901

We have received your document for RAH RAH REE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 417A00001363

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: RAH RAH REE 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:

Rita Fuller		
	(Name of Person)	
Rah Rah Re	e LLC	
	(Firm/Company)	
PO Box 554		
	(Address)	
Hollister, FL	32147	
	(City/State and Zip Code)	

For further information concerning this matter, please call:

Rita Fuller

386

916-1634

(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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  RAH RAH REE LLC	
2.	The Articles of Organization were filed on $\frac{08/18/2015}{}$ and assigned	
	document numberL15000140901	
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 listed as the document's effective date on the Department of State's records.	ting purposes be only. RF 1-304
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).	1
	Closing business as of 12/31/2016. Lack of financial resources to fund 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:	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	
_	Printed Name  Rita Fuller  Printed Name	

FILING FEE: \$25.00