

L16000031636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

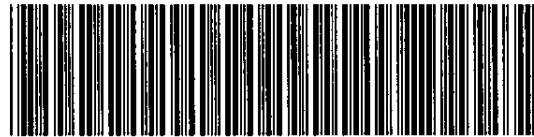
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900296029449

03/06/17--01047--017 **25.00

FILED
2017 MAR -6 PM12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RISE WOOD PRODUCTS 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:

MORGAN RISE
(Name of Person)

RISE WOOD PRODUCTS LLC
(Firm/Company)

6091 S Redbird ave.
(Address)

Lecanto, Florida 34461
(City/State and Zip Code)

For further information concerning this matter, please call:

MORGAN RISE at (352) 634 1146
(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

FILED
2017 MAR -6 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

RISE WOOD PRODUCTS LLC

2. The Articles of Organization were filed on FEB 2 2016 and assigned

document number L16000031634

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).

NO LONGER PURSUING WOOD WORKING AS
A MEANS TO PROFIT.

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

MORGAN RISE
6091 S REDBIRD AVE
LECANO FL 34461

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

MORGAN RISE
Printed Name

FILING FEE: \$25.00