

L16000060223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

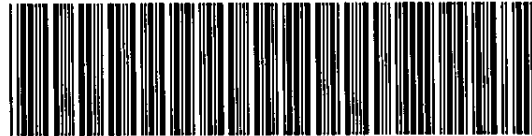
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600291647656

11/03/16--01019--011 **25.00

FILED
16 NOV -3 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 4 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RESEARCH 1 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:

Manuel Monsalve

(Name of Person)

RESEARCH 1 INSTITUTE LLC

(Firm/Company)

8959 NW 178TH LANE

(Address)

HIALEAH FL. 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Monsalve

(Name of Person)

at **786 443 9691**

(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)

FILED
16 NOV -3 AM 11:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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
RESEARCH 1 INSTITUTE LLC

2. The Articles of Organization were filed on 01/21/2016 and assigned
document number L16000060223

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).
Operations never started

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:

DocuSigned by:
MANUEL MONSALVE
AAF88DCD513C446... Signature

Manuel Monsalve
Printed Name

FILED
16 NOV -3 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00