

L160000083418

(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



600288907336

08/15/16--01007--017 **25.00

2016 AUG 15 A 11:59
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE 08/22/16

AUG 16 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RT Remodeling Services 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:

TALEB S GHAZAL
(Name of Person)

(Firm/Company)

7604 apple tree cir
(Address)

orlando, FL, 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

TALEB GHAZAL at (407) 335-9691
(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

2016 AUG 15 59
TALLAHASSEE
REGISTRATION
DIVISION OF CORPORATIONS

FILED

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

1. The name of a limited liability company is

RT Remodeling Services LLC

2. The Articles of Organization were filed on _____ and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: 08-22-2016
(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).

finding a new business opportunity

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

2016 AUG 15 AM 11:50	FILED
TELETYPE UNIT	
RECEIVED	
FILED	

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]
Signature

TALEB GHAM
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 08/22/16