

L16000174499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

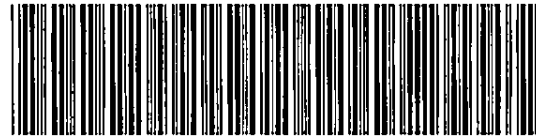
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/18--01005--005 **30.00

SIMMONS
JUN 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2018

RAYMOND FONT-TROCHE ***2ND MAILING***
6620 BUTLERS CREST DR
BRADENTON, FL 34203

We have received your document for RAYDAN MEN'S PRODUCTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00010456



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2018

RAYMOND FONT-TROCHE
6620 BUTLERS CREST DR
BRADENTON, FL 34203

SUBJECT: RAYDAN MEN'S PRODUCTS, LLC
Ref. Number: L16000174499

We have received your document for RAYDAN MEN'S PRODUCTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00008690

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RayDan Mens Products
(Name of Limited Liability Company)

The Certificate of Dissolution and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond Font-Trache
(Name of Person)

(Firm Company)

6620 Butlers Crest Dr.
(Address)

Bradenton, FL 34203
(City, State and Zip Code)

For further information concerning this matter, please call:

Raymond Font-Trache (Name of Person) 941 (Area Code) 962-0465 (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

RAYDAN MEN'S PRODUCTS

2. The Articles of Organization were filed on 9/19/2016 and assigned

document number 81-3888591

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 605.070, Florida Statutes, (copy 605.0707 on back cover letter).

LLC WAS FILED WITHOUT
CONSENT OF BOTH PARTIES

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:

Raymond Font-Troche
Signature

Raymond Font-Troche
Printed Name

FILING FEE: \$25.00