# L17000037904

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Buomisso Emily Hume)					
70.2					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J DEMNIG					
<u>-</u>					
FFB - 9 (224					

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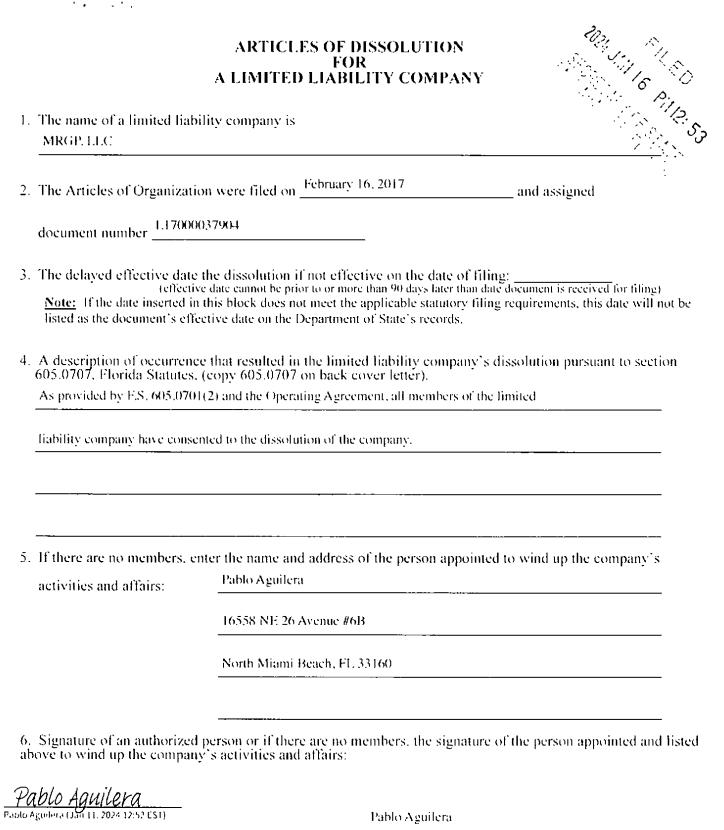
2024 J.1.116 P.1112: 53

## **COVER LETTER**

4.00

то:		ation Section n of Corporations			
SUBJ		RGP, LLC			
2.27.27.0			ed Liability Company)		
The er	nclosed Art	ticles of Dissolution and fee(s) are submit	ted for filing.		
Please	return all	correspondence concerning this matter to	the following:		
		Michael S. Bloom, Esq.			
		(Nar	ne of Person)		
		Michael S. Bloom, P.A.			
	(Firm/Company)				
	2200 NW Corporate Blvd., Suite 406				
	(Address)				
		Boca Raton, FL 33433			
		(City/Sta	te and Zip Code)		
For fu	rther infor	mation concerning this matter, please call			
	Michae	el S. Bloom	561 299-5005 at ( )		
		(Name of Person)	at ()(Area Code & Daytime Telephone Number)		
Enclos	ed is a chec	k for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution		Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
		¿ Address:	Street Address:		
		ration Section	Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
		assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

### ARTICLES OF DISSOLUTION A LIMITED LIABILITY COMPANY



FILING FEE: \$25.00

Printed Name

Signature

#### Notice of Limited Liability Company Dissolution

#### **NOTE:** This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Document number of Limited Liability Company is	L17000037904	
Date of dissolution was:		
Description of information that must be included in	a written claim:	20;
Name and Address of Claimant, Date Claim Accrued, B	asis of Claim, Amount of Claim	74 JAI
Account or Reference Number		15 E
		- P D
Mailing address where claims can be sent: (Claims  Michael S. Bloom, P.A.  2200 NW Corporate Blvd.	cannot be sent to the Division of C	Corporations)
Suite 406		
Boca Raton, FL 33431		<del></del>
A claim against the above named limited liability co- claim is commenced within 4 years after the filing of		oceeding to enforce the
Pablo Aguilera	<u> Pablo Aguilera</u> Pablo Aguilera (1504), 2023 17 57 EST	· · · · · · · · · · · · · · · · · · ·

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00