17000	209174

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	lv

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12/10/18--01022--011 ++25.00



D. SCOTT DEC 1 3 201.

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COVER LETTER

TO: **Registration Section** Division of Corporations

RTON LLC (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOGER HORTON (Name of Person) (Firm/Company) 10 7 11809 ColyAR LANE (Address) PARRISH FL 34219 (City/State and Zip Code)

For further information concerning this matter, please call:

OGERHORLOWat (941 + 702 - 1073)(Name of Person)(Area Code & Daytime Telephone Number)

Eaclosed is a check for the following amount:

2 \$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	ility company is	
- RC Hort	ON LLC	·
	on were filed on $10/12/2017$ 17000209174	_ and assigned
Note: If the date inserted in	the dissolution if not effective on the date of filing re date cannot be prior to or more than 90 days later than date of this block does not meet the applicable statutory filing n ctive date on the Department of State's records.	2 - 3 - 2018 locument is received for filings equirements, this date will not be
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liability company's di (copy 605.0707 on back cover letter).	ssolution pursuant to section:
Closing Busine	ss due health issues	
ť		
		E - T
	······································	
5. If there are no members, er	nter the name and address of the person appointed t	
activities and affairs:	Roger Horton	<u> </u>
	Roger Horton 11809 Colvar LANE	5 -
	PARRISH FL 34219	
	······································	

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:

Rogn C Horten Signature

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ROGER C. HORTON Printed Name

FILING FEE: \$25.00