

217000224682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

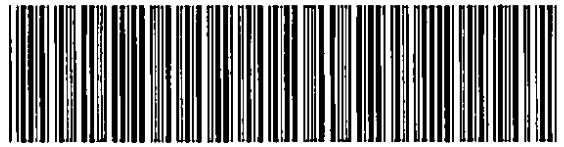
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 DEC 26 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RAPHAELE JACQUELINE, 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:

**RAPHAELE WAGNER**

(Name of Person)

(Firm/Company)

**1131 COVERBROOK LANE**

(Address)

**SEBASTIAN, FLORIDA 32958**

(City/State and Zip Code)

For further information concerning this matter, please call:

**RAPHAELE WAGNER** at **954** **593-5884**  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is  
RAPHAELE JACQUELINE, LLC

2018 DEC 26 PM 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

2. The Articles of Organization were filed on 10-30-2017

document number L17000224682

3. The delayed effective date the dissolution if not effective on the date of filing: 12-19-2018  
(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).

HEALTH REASONS

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:

Raphaelle Wagner  
Signature

RAPHAELE WAGNER

Printed Name

FILING FEE: \$25.00

## 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: RAPHAELE JACQUELINE, LLC.

Document number of Limited Liability Company is: L17000224682

Date of dissolution was: 12-19-2018

Description of information that must be included in a written claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

RAPHAELE WAGNER  
1131 COVERBROOK LANE  
SEBASTIAN, FLORIDA 32958

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

RAPHAELE WAGNER

Printed Name of the Person Filing

Raphael Wagner

Signature of the Person Filing