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TALLAHASSEE, FLORIDA

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COVER LETTER

	sistration Section ision of Corporations					
cudiece.	RMR VACATION PROPERTIES,					
SUBJECT:	(Name of Limit					
	d Articles of Dissolution and fee(s) are submitted all correspondence concerning this matter to	·				
r rease return	Michael Marciniak	the lonewing.				
	(Nan	ne of Person)	· · · · · · · · · · · · · · · · · · ·			
	18 115V					
	17 Van Dyke Street (Address)					
	Wallington NJ 07057			FILED NIASSEE, FL		
	(City/Sta	te and Zip Code)		PN 6: 38 CH STATE E, FLORIDA		
For further is	nformation concerning this matter, please call:			-		
Mi	chael Marciniak	201 at (9946700			
	(Name of Person)	(Area C	Code & Daytime Telephone N	vumber)		
	check for the following amount:	_				
\$25	.00 Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Dissolu Copy (additional copy is enci			
	MAILING ADDRESS:		REET/COURIER AI	ODRESS:		
	Registration Section	Reg				
	Division of Corporations P.O. Box 6327	Divi				
	Tallahassee, FL 32314		ton Building I Executive Center Ci	ircle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	e of a limited liability CATION PROPERTIE	, ,		 	<u></u> -		
2. The Arti	cles of Organization v	vere filed on	8	and assigned			
documer	t number						
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 no listed as the document's effective date on the Department of State's records.							
A descrip 605.0707	ption of occurrence th , Florida Statutes, (co	at resulted in the lin	nited liability compa	any's dissolution pursi	uant to section		
We made	the LLC with the intent	ion of purchasing a va-	cation rental property	in Florida.	<u>~</u>		
We didn't	purchase any property	and as a result we no lo	onger need the LLC.		ALL ALL		
					#55E		
					1 TO 1		
	are no members, enter	the name and addre	ss of the person app	ointed to wind up the	company's		
	-						
. Signature isted above	e of an authorized per to wind up the comp	son or if there are no any's activities and a	members, the sign	ature of the person ap	pointed and		
rucked	Marcul Signature		Michael	Marcikla Printed Name	lc		

FILING FEE: \$25.00