

(Re	equestor's Name)	
(Àc	dress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e#)
		MAIL
(Bi	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	<u></u>
	Office Use Or	niv

200326501272

03/25/19--01032-- 13_**25.00

- ARPROVED AND FILED 2019 APR 15" PH 12: 22 SUMPTARY OF STATE 14: UNITS STEL THOSE





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2019

RUBEN GONZALEZ 7165 SW 47ST STE 320 MIAMI, FL 33155

SUBJECT: RY YACHT CHARTERS LLC Ref. Number: L18000022318

We have received your document for RY YACHT CHARTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 919A00006677

APPROVED FILED 2019 APR 15 PH 12: 22 SECNED ARCT OF STATE FALL ALLYSSEF PH (1997) 141 CALLS ET AJ 51 (1997)

COVER LETTER

TO: **Registration Section** Division of Corporations

RY YACHT CHARTERS 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:

RUBEN GONZALEZ (Name of Person) RY YACHT CHARTERS LLC (Firm/Company) 7165 500 47 57 57e 320 (Address) NIANI Fl 33155 (City/State and Zip Code) For further information concerning this matter, please call: ភ្ល

RUBEN GONZALE2
(Name of Person)at (786)344-1919(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ S25.00 Filing Fee and Certificate of Dissolution

 \sim

□ \$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

CHARTERS LLC YACHT 2018____ and assigned 01/241 2. The Articles of Organization were filed on _____ document number ____ L 18 0000223 18 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). never initiated siness operations. 5. If there are no members, enter the name and address of the person appointed to wind up th 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:

RUBEN GONZALEZ Signat Printed Name

FILING FEE: \$25.00