

L18000 036 245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

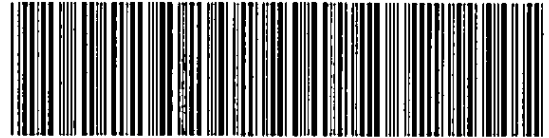
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/19/19-0101-005 **25.00

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2019 AUG 19 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SULKER

AUG 26 2019

COVER LETTER

X

TO: Registration Section
Division of Corporations

SUBJECT: RG2, 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:

JACQUELINE M. DURHAM, ESQ.
(Name of Person)

KOONTZ & ASSOCIATES, PL
(Firm/Company)

1613 FRUITVILLE RD.
(Address)

SARASOTA, FL 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE M. DURHAM, ESQ. at (941) 225-2615
(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

RG2, LLC

2. The Articles of Organization were filed on 02/08/2018 and assigned

document number L18000036245

3. 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)

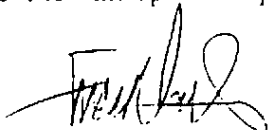
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Pursuant to the consent of all Members.

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:



Fred Nicol

Printed Name

2019 AUG 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: RG2, LLC

Document number of Limited Liability Company is: L18000036245

Date of dissolution was: 08/16/2019

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

(i) creditor or claimant name, account or vendor number (if applicable); (ii) date of order, transaction, or occurrence
resulting in claim; (iii) outstanding balance due to creditor or claimant (including interest and fees, if applicable); (iv) copy of
contract or other summary of terms between Company and creditor/claimant; (v) copy of invoice from creditor or claimant
for subject claim (if applicable); (vi) contact information for creditor or claimant, including telephone number
email, mailing address and designated manager or officer of creditor with authority to discuss claim.

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

3803 Avenida Madera

Bradenton, FL 34210

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.

Fred Nicol

Printed Name of the Person Filing



Signature of the Person Filing

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2019 AUG 19 AM 9:56
CLERK OF STATE
TALLAHASSEE, FLORIDA