

L18 0000 93372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

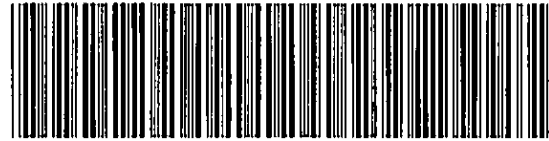
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to file per
Darlene Conner

8/9/19

Office Use Only



700332663577

08/02/19--01008--022 **25.00

2019 AUG -2 PM 3:46

FILED

C. GOLDEN

AUG - 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RCTBG
(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:

TORY ARNER

(Name of Person)

(Firm/Company)

2766 NW 16TH CT

(Address)

FT. LAUDERDALE, FL 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

TORY ARNER

(Name of Person)

at (407) 909-2133

(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

2019 AUG -2 PM 3:46

1. The name of a limited liability company is

RCTBG LLC

2. The Articles of Organization were filed on 4-13-18 and assigned

document number L18000093372

3. The delayed effective date the dissolution is 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).

I never established or took ownership
of the business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: NO Activities or 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:

[Signature]

Signature

TORY ARNER

Printed Name

FILING FEE: \$25.00