118000115197

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



700325286417

83/04/19--01014--017 **25.00



T.CO.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RENU REMOTE (Name of Limited	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the	e following:
SESSIET, WELL (Name PEND REMOKE. (Firm/O 145 MOIAM (A) (A) POWER VEDRA B (City/State	Company) Company) Company) Also Lucure and Company
For further information concerning this matter, please call:	
(Aumic 61 1 violaty)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: 2325.60 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

1.	The name of a limited liability company is REND REMOTE, LLC
2.	The Articles of Organization were filed on 5/8/3018 and assigned
	document number <u>L 180001151</u> 97
3.	The delayed effective date the dissolution if not effective on the date of filing: 2/28/19 (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).
	PARTNELS AGREE tO DISSOLVE DUB TOB
	IMACHIVITY SEE
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	JESSIE T. WEllman-Douts
	145 MOIAN CNB LM
	Ponte Veora BCA FL 32002
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:

FILING FEE: \$25.00

Signature