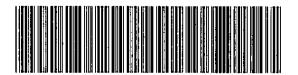
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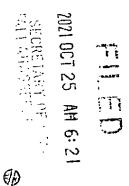
(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE NUV - 3 VIIN				

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## COVER LETTER

	00.2	AR DETTER	
	gistration Section vision of Corporations		
SUBJECT:	RD DIRECTIONAL DRILLING CONSULTANT LLC		
SUBJECT:	(Name of Limi	ted Liability Company)	
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.	
Please return	all correspondence concerning this matter to	the following:	
	ROBERT J, DOMINGUE		
	(Na	me of Person)	
	/E:-	m/Company)	
	(ru	m/Company)	
	386 HWY 20		
		(Address)	
	PANAMA CITY, FL 32409-4612		
	(City/Sta	ate and Zip Code)	
For further is	nformation concerning this matter, please call	:	
RO	BERT J. DOMINGUE	850 276-1144 at ( )	
<u> </u>	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:		
<b>■ \$</b> 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 Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

8

1.	The name of a limited liability company is	2021 OCT 25 AH 6: 2	1
	RD DIRECTIONAL DRILLING CONSULTANT LLC	SECRETARY OF	
2.	The Articles of Organization were filed on H1/06/2018  document number L18000258971	and assigned	
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 Note: If the date inserted in this block does not meet the applicable statutory filing listed as the document's effective date on the Department of State's records.	document is received for filing)	
4.	A description of occurrence that resulted in the limited liability company's di 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	·	
5.	If there are no members, enter the name and address of the person appointed t	to wind up the company's	
	activities and affairs:  20 by - 1 Domingu  386 Hwy 20 East		
6. abo	Signature of an authorized person or if there are no members, the signature of ove to wind up the company's activities and affairs:	the person appointed and listed	
4	Signature ROBERT J. DOMINGUE Printed		

FILING FEE: \$25.00