

L18000278870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

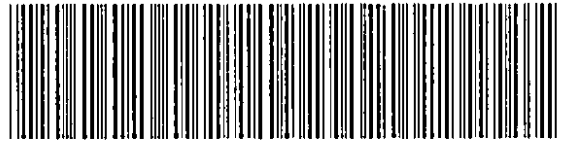
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUL -7 AM 9:09

2020 JUL -7 AM 9:00
SEC. 10.1.1.1
FILE

FILE

W. S. H. K. P.

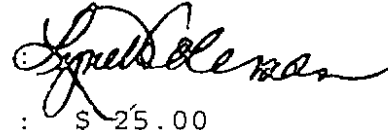
JUL 08 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 343624 4328337

AUTHORIZATION



COST LIMIT : \$25.00

ORDER DATE : July 6, 2020

ORDER TIME : 10:33 AM

ORDER NO. : 343624-010

CUSTOMER NO: 4328337

DOMESTIC FILINGS

NAME: 4RMAN, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT# 62980

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4RMAN, 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:

Kimberly S. Frie

(Name of Person)

Dentons Cohen & Grigsby PC

(Firm/Company)

625 Liberty Ave

(Address)

Pittsburgh PA 15222

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly S. Frie

(Name of Person)

412

at (

2974833

) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

4RMAN, LLC

2. The Articles of Organization were filed on 12/04/2018 and assigned

document number L18000278870

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).

The consent of all the members.

The consent of all the members.

The consent of all the 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:


Signature

RAYMOND PRONTO
Printed Name

FILING FEE: \$25.00

2020 JUN -7 AM 9:00
SECTION 605.0707
FILED