

L19000057893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

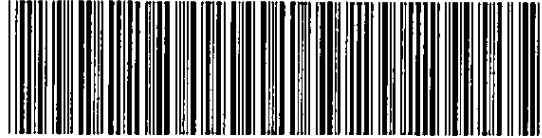
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JAN 27 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 21 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RUCK UP CUP1, L.L.C.

\_\_\_\_\_  
(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:

DAVID M. RUTHERFORD

\_\_\_\_\_  
(Name of Person)

DAVID M. RUTHERFORD, INCOME TAX SPECIALIST

\_\_\_\_\_  
(Firm/Company)

P.O. BOX 5530

\_\_\_\_\_  
(Address)

DESTIN FL 32541

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSHUA D. DALZELL

\_\_\_\_\_  
(Name of Person)

425

512-2026

at (\_\_\_\_\_) \_\_\_\_\_

(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

RUCK UP CUP1, L.L.C.

2. The Articles of Organization were filed on 02/27/2019 and assigned

document number L19000057893

3. The delayed effective date the dissolution is not effective on the date of filing: 01/15/2020  
(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 BUSINESS CLOSED 12/31/2019.

THE BUSINESS CLOSED 12/31/2019.

THE BUSINESS CLOSED 12/31/2019.

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

JOSHUA D. DALZELL, MEMBER

Printed Name

**FILING FEE: \$25.00**

FILED  
2020 JAN 27 AM 7:11  
FLORIDA DEPT. OF STATE  
TALLAHASSEE, FL