119000 1560 055

| (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: |
| |
| |
| |
| |

Office Use Only



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01/23/20--01012--021 **25.00

20 JAN 23 PH 2: 28

FEB 19 2020 C MICHAIR

COVER LETTER

| TO: Registration Section Division of Corporations | LLC ability Company) |
|---|---|
| SUBJECT: RONALD TIMPANARO (Name of Limited Lie | ability Company) |
| The enclosed Articles of Dissolution and fee(s) are submitted for Please return all correspondence concerning this matter to the form | |
| RONALD TIME | Person) |
| RONALD TIMPA (Firm/Con | npany) |
| 3101 CASCAT | DE DRIVE |
| CLEARUATE (City/State and | R, FLORIDA 33761 Zip Code) |
| For further information concerning this matter, please call: | |
| MARCARET TIMPANARO (Name of Person) | at () 797-6752 (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: | Street Address: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| • | • | | |
|---|--|--|----------------------|
| | ARTICLES OF D FOR A LIMITED LIABIL | ₹ | 20 JM 23 PH 2: 28 |
| The name of a limited | liability company is | | 73 |
| RON | IALD TIMPANAR | lo, LLC | ر محرب |
| The Articles of Organi | zation were filed on6 2 | 2 2019 and assign | ned 28 |
| document number | 19000156055 | - | |
| (eff Note: If the date inserted | fective date cannot be prior to or more | tive on the date of filing: 1/201: than 90 days later than date document is reapplicable statutory filing requirements of State's records. | ceived for filing) |
| A description of occur 605.0707, Florida Statu | rence that resulted in the limite ates, (copy 605.0707 on back co | d liability company's dissolution puover letter). | rsuant to section |
| BUSINES | S WAS NEVER | IN OPERATION. | |
| | | | |
| If there are no member | rs, enter the name and address of | of the person appointed to wind up the | ne company's |
| activities and affairs: | RON TIMPA | NARO SR. | |
| | 3101 CAS | CADE DRIVE | |
| | <u>CLEAR WA</u> | TER, FLORIDA 3376 | .1 |
| Signature of an authori | ized person or if there are no m pany's activities and affairs: | embers, the signature of the person | appointed and listed |
| 2 | Dow &R | RON TIMPANARD | SR |
| Signate | ire | Printed Name | |
| \mathcal{I} | FILING FE | EE: \$25.00 | |