

49000 192 928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

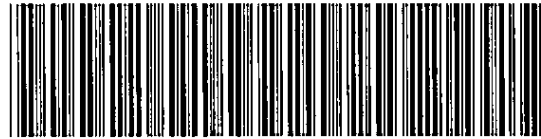
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400346070574

06/18/20--01009--009 \*\*25.00

2020 JUN 18 AM 10:20  
Filing Office

CLIS  
Art D155

AUG 01 2020

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ram Demolition, 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:

Georganne Lavoie  
(Name of Person)  
Ram Demolition, LLC  
(Firm/Company)  
223 Tracy St  
(Address)  
Orlando, FL 32833  
(City/State and Zip Code)

For further information concerning this matter, please call:

Georganne Lavoie at 407 484-9750  
(Name of Person) (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

2020-06-10  
AM 10:20

1. The name of a limited liability company is

Ram Demolition, LLC

2. The Articles of Organization were filed on July 29, 2019 and assigned

document number L19 000192928

3. The delayed effective date the dissolution if not effective on the date of filing: June 12<sup>th</sup> 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).

COVID-19


5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Georganne Lavoie

223 Tracy St.

Orlando, FL 32833

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

GEORGANNE LAVOIE  
Printed Name

FILING FEE: \$25.00