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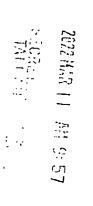
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## COVER LETTER

TO:

Registration Section • Division of Corporations

(Name of Limi	ited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submi	tted for filing.	
Please return all correspondence concerning this matter to	o the following:	
	ert A. McKay	
(Na	me of Person)	
(Fir	rm/Company)	
	Blue Bay Circle	
	(Address)	
	Myers, FL 33913 ate and Zip Code)	
For further information concerning this matter, please cal	l:	
Robert A. McKay	at ( 502 ) 592-5962	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
XI \$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	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited li	ability company is		
RAM SW Florida Re	alty, LLC		
. The Articles of Organiza	ation were filed on August 16, 2019	and assigned	
document number L190	00210042		
effective (effective (	te the dissolution if not effective on the date of fative date cannot be prior to or more than 90 days later than in this block does not meet the applicable statutory factive date on the Department of State's records.	date document is received for	
A description of occurre 605.0707, Florida Statuto	nce that resulted in the limited liability company s, (copy 605.0707 on back cover letter).	's dissolution pursuant	to section
RAM SW Florida Rea	lty, LLC is no longer doing business.		20
			2211.5
		· · · · · · · · · · · · · · · · · · ·	- <del> </del>
If there are no members, activities and affairs:	enter the name and address of the person appoin  Robert A. McKay	nted to wind up the com	pany's
	15080 BLUE BA	y Circle	
	15080 BLUE BA FORT HYERS, FL	33913	
Signature of an authorize	ed person or if there are no members, the signatu	ire of the person appoin	 led and lis
ove to wind up the compa	any's activities and affairs:	, , , , , , , , , , , , , , , , , , , ,	
W/		bert A. McKay	
Signatur	Pr	inted Name	-

FILING FEE: \$25.00