

L20000202695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

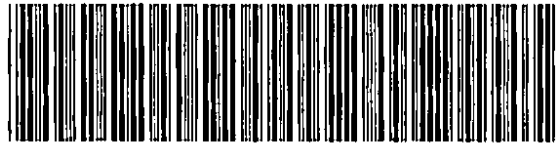
(Business Entity Name)

(Document Number)

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

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08/24/20--01024--028 \*\*25.00

2020 AUG 24 PM 12:20

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OCT 09 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **REYNOLDS C2, 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:

**Processing Department**

(Name of Person)

(Firm/Company)

**5605 Riggins Court Suite 200**

(Address)

**Reno, NV 89502**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Processing Department** at **800 638-2320**

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

2020-07-14 PM 12:20

1. The name of a limited liability company is

REYNOLDS C2, LLC

2. The Articles of Organization were filed on July 14, 2020 and assigned

document number 1.20000202695

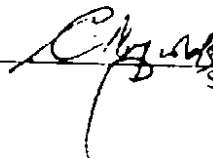
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the doc

4. 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

This entity is no longer in business as it was not used as the managers first anticipated.

5. If there are no members, enter the name and address of the person appointed activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and

  
Signature

Carmen Reynolds  
Printed Name

**FILING FEE: \$25.00**