L21000057123

(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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Office Use Only

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08/25/25 01028 023 25.00

SB 10/14/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Limited Liability Company Dissolution

DOCUMENT NUMBER: L21000057123

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross Varma
(Name of Contact Person)

(Firm/Company)

1041 W Heritage Club Cir
(Address)

Delray Beach, FL 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

Ross Varma (Name of Contact Person) at (646) (Area Code) 935-9790 (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $60 Filing Fee, Certificate of Status & 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

CR2E142 (2/14)

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "***Notice of Limited Liability Company Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RT SYNERGY LLC

Document number of Limited Liability Company is: L21000057123

Date of dissolution was: 01/02/2025

Description of information that must be included in a written claim:

Claims must be in writing and include:

Claimant's name, mailing address, and email/phone;

A statement of the claim, including the amount (or a good-faith estimate if unliquidated or contingent), the basis of the claim, and the date(s) the events occurred;

Copies of any documents supporting the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

RT SYNERGY LLC (Dissolved)

c/o Ross Varma, Winding-Up Agent

1041 W Heritage Club Cir

Delray Beach, FL 33483

2025 AUG 25 FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ross Varma

Printed Name of the Person Filing

Ross Varma

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00