47,8196000167

(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:
Umils

Office Use Only



600422631726

02/02/24--01024--008 **25.00



COVER LETTER

(Name of Limited Liability Company)		
itted for filing.		
o the following:		
une of Person)		
rm/Company)		
(Address)		
tate and Zip Code)		
и:		
904 254-8517		
at ()(Area Code & Daytime Telephone Number)		
☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
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

1. The name of a limited liability company i	S
RL BASH CONSULTING LLC	
2. The Articles of Organization were filed o	n 06/23/2021 and assigned
document number 1.21000291874	
3. The delayed effective date the dissolution (effective date cannot be particle). If the date inserted in this block does listed as the document's effective date on the	prior to or more than 90 days later than date document is received for filing) not meet the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.070	in the limited liability company's dissolution pursuant to section 7 on back cover letter).
The voluntary consent of all owners.	
	292:
	and address of the person appointed to wind up the company's
activities and affairs:	
	i
Signature of an authorized person or if the above to wind up the company's activities a	ere are no members, the signature of the person appointed and listed affairs:
- EBL	Richard Bush
Signature	Printed Name

FILING FEE: \$25.00