Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL RAINEY MS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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To:

Page: 2 of 3

(((H24000148234 3))) ARTICLES OF DISSOLUTION FOR

A LIMITED LIABILITY COMPANY

1. The name of a limited liab	lity company is		
Raincy MS, LLC			
2. The Articles of Organization	on were filed on January 26, 2022	and assign	red
document number L220000	47297		
Note: If the date inserted in	the dissolution if not effective on the date cannot be prior to or more than 90 daths block does not meet the applicable tive date on the Department of State's	e statutory filing requirements.	2024 reived for filing) , this date will not be
4. A description of occurrence 605.0707, Florida Statutes,	that resulted in the limited liabilit (copy 605.0707 on back cover lette	y company's dissolution pu	rsuant to section
Consent of the sole Member.			
		· · · · · · · · · · · · · · · · · · ·	
	ter the name and address of the per	son appointed to wind up ti	ne company's
activities and affairs:	James I. Rainey		
	9925 SE 58th Avenue		
	Belleview, FL 34420		
			
6. Signature of an authorized above to wind up the company	person or if there are no members, is activities and affairs:	the signature of the person a	appointed and listed
Or no			
Signature	James 1.	Rainey Printed Name	263
Signature	ELLING EVE. 625		
	FILING FEE: \$25.	.00	124 AFR 23
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To:

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

	F 220000.17207		
Docume	nt number of Limited Liability Company is: L22000047297		
Date of o	Date of dissolution was: upon filing		
Description of information that must be included in a written claim:			
Name of	ame of Claimant:		
Address	of Claimant:		
Amount	of Claim:		
Basis of			
Mailing	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
	9925 SE 58th Avenue Belleview, FL 34420		
-	9925 SE 58th Avenue		
	9925 SE 58th Avenue Belleview, FL 34420		

claim is commenced within 4 years after the filing of this notice.

James I. Rainey

Printed Name of the Person Filing

Signature of the Porson Filing