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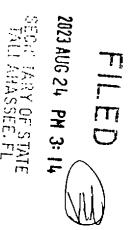
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: RMD, Transportate Truck (Name of Limited to	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to the following:		
Rafael andreja (Name) o RMD Transp (Firm/C	Octotion, LLC ompany)	
14779 Sutherland Ave.		
Naples FL 34119 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Rafall andrejas	at (<u>U3</u>) <u>745-8893</u> (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	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.	RMD Truck Transportation, 40
2.	The Articles of Organization were filed on February 2, 2022 and assigned
	document number <u>L220005639</u> 3
3.	The delayed effective date the dissolution if not effective on the date of filing: Feb 2, 2022 (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 document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	Closed the business expenses excuded
	tu income
	ALL AS T
	2000 P U
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	14779 Sutherland ave
	Naples FL, 34119.
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed love to wind up the company's activities and affairs:
R	afall andreas RAFAEL ANDREJAS. Printed Name

FILING FEE: \$25.00