

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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LMils		
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04/29/24--01017--009 **25.00



COVER LETTER

-	rision of Corporations			
SUBJECT:	RawQuant, LLC			
(Name of Limited Liability Company)				
The enclosed	d Articles of Dissolution and fee(s) are submi	itted for filing.		
Please return	n all correspondence concerning this matter to	o the following:		
	John H. Rawlins, Jr			
	(Na	me of Person)		
	RawQuant LLC			
	(Fi	rm/Company)		
	3800 Ocean Beach Blvd., Apt 302			
		(Address)		
	Cocoa Beach, Florida 32931			
	(City/St	ate and Zip Code)		
For further i	nformation concerning this matter, please call	1:		
Му	rna Rawlins	912 357-3765 at (
	(Name of Person)	at (
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)		
_	iling Address:	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
Tal	llahassee, FL 32314	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 is			
	RawQuant, LLC		
2.	2. The Articles of Organization were filed on February 21,2023	and assigned	
	document number 92-2631852		
3.	3. The delayed effective date the dissolution if not effective on (effective date cannot be prior to or more than 90 Note: If the date inserted in this block does not meet the applicablisted as the document's effective date on the Department of State	le statutory filing requirements, this date will not be	
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
RawQuant LLC has had no activity.			
5,	of there are no members, enter the name and address of the personal affairs:		
च्यां क	s O	· · · · · · · · · · · · · · · · · · ·	
	2024 APR 29		
6. ab	6. Signature of an authorized person or if there are no members above to wind up the company's activities and affairs:	, the signature of the person appointed and lister	
	36 Hand Cin John H	. Rawlins	
- [_	Signature	Printed Name	

FILING FEE: \$25.00