

L97000001023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

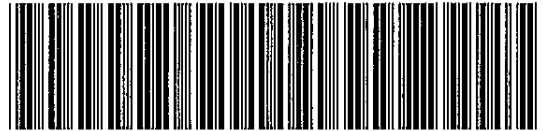
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/30/04--01046--023 \*\*25.00

RECEIVED  
04 JUL 30 PM 1:37  
DIVISION OF CORPORATION

FILED  
04 JUL 30 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
22-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 7/30/04

REF. #: 0672.28622

CORP. NAME: RYMA, L.C.

**FILE SECOND!**

**FILED**  
04 JUL 30 PM 3:35  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME                    |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY                  |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                         |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 508974 FOR \$ 52.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

ARTICLES OF DISSOLUTION  
OF  
RYMA, L.C.

FILED  
04 JUL 30 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is **RYMA, L.C.** (the "Company").
2. The effective date of the Company's dissolution is August 1, 2004 (the "Effective Date").
3. Pursuant to Section 608.441, *Florida Statutes*, the members of the Company have determined that the Company shall be dissolved and the Company's affairs shall be concluded as of the Effective Date.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All remaining property and assets of the Company has been distributed pro rata to its members.
6. There are no suits pending against the Company in any court.

The undersigned, being all of the members of the Company, have approved the dissolution and executed these Articles of Dissolution pursuant to Section 608.408, *Florida Statutes*. (In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary L. Markel  
Gary L. Markel, Member

Angela F. North  
Angela F. North, Member

Angela F. North attorney in fact