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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Čil	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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JAN 1 6 2018



D. SCOTT

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT

Robert B Duke Investments, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert B. Duke

(Name of Person)

Robert B. Duke Investments, LLC

(Firm/Company)

254 Holly Knowe Rd.

(Address)

Fleming Island, Florida 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Duke

(Name of Person)

828

381-6055

(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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lia	ibility company is		
Robert B Duke Investments	s, LLC		·
The Articles of Organiza	ation were filed on 10/24/20	003	and assigned
document number L99000	0008733	_	
Note: If the date inserted		ore man 90 days later man d ne applicable statutory fili	lling: 1/9/2018 date document is received for filing) ing requirements, this date will not be
A description of occurrer 605.0707, Florida Statute	nce that resulted in the lim s, (copy 605.0707 on back	ited liability company' cover letter).	s dissolution pursuant to section
I wish to dissolve because I	don't need anymore. No acti	vity for several years.	
If there are no members, activities and affairs:	enter the name and addres	s of the person appoint	ted to wind up the company's
			6
			التيم المت :
Signature of an authorized ted above to wind up the c	d person or if there are no company's activities and a	members, the signature	e of the person appointed and
Signature	15). Wente	Robert Duke	ated Name
i j jignature		rnn	uen ivame

FILING FEE: \$25.00

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.

Name of Limited Liability Company: Robert b Duke Investments, LLC
Document number of Limited Liability Company is: L9900008733
Date of dissolution was: January 9 2018
Description of information that must be included in a written claim:
I wish to dissolve this LLC because I don't use this LLC anymore. There has been no activity for several years.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Robert Duke
254 Holly Knowe RD
Fleming Island, Florida 32003

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

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

Printed Name of the Person Filing

Robert Duke