(Requestor's Name)   (Address)   (Address)   (City/State/Zip/Phone #)   (City/State/Zip/Phone #)   (City/State/Zip/Phone #)   (Business Entity Name)   (Business Entity Name)   (Document Number)   Certified Copies Certificates of Status	Pogo	0000826
PICK-UP WAIT     (Business Entity Name)     (Document Number)     Certified Copies     Certificates of Status	(Address) (Address)	diss
	(Business Entity Name) (Document Number)	FILE SECRETARY
Office Use Only	Special Instructions to Filing Officer:	



## **COVER LETTER**

## **TO:** Amendment Section **Division of Corporations**

SUBJECT: <u>Dissolution</u>

. . . . . .

DOCUMENT NUMBER: P0800008262

. . .

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

Please return all correspondence concerning this matter to the following:

Angelita E. Lyman

(Name of Contact Person)

RF Team Corporation

(Firm/Company)

5589 Cajeput Court

(Address)

Melbourne, FL 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Angelita E. Lyman	at (	321	)	725-8163
(Name of Contact Person)		Area C	ode	e & Daytime Telephone Number)

Enclosed is a check for the following amount:

 $\boxed{2}$ \$35 Filing Fee  $\boxed{5}$ \$43.75 Filing Fee &  $\boxed{5}$ \$43.75 Filing Fee &  $\boxed{5}$ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed)

## MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

enclosed) **STREET ADDRESS:** 

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

•	ARTICLES OF DISSOLUTION FILED
Pursuant to of dissoluti	
FIRST:	SECRETARY OF SHALL TALLAHASSEE.FLORID: The name of the corporation as currently filed with the Florida Department of State:
	RF Team Corporation
SECOND:	The document number of the corporation (if known): <u>P08000008262</u>
THIRD:	The date dissolution was authorized:July_15, 2009
n din Second Second	Effective date of dissolution if applicable:(no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature: Angehta 9. Lyman
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Angelita E. Lyman
	(Typed or printed name of person signing)

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Vice President

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(Title of person signing)

Filing Fee: \$35