# P94000034133

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:  Dissolution of Corporation			
DOCUMENT NUMBER: P94000036133			
The enclosed Articles of Dissolution and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Louise Lowery			
(Name of Conta	act Person)		
R & L Associates Inc			
(Firm/Con	mpany)		
PO Box 385			
(Addres	s)		
Gonzales FL 32560			
(City/State and	d Zip Code)		
For further information concerning this matter, please call:			
Louise Lowery	at (		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:			
(Ac	#3.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Iditional copy is Inclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		

#### **MAILING ADDRESS:**

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

## **STREET ADDRESS**;

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

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  R & L Associates Inc	
SECOND:	The document number of the corporation (if known): P9400030133	
THRD:	The file date of the articles of incorporation: 05/06/1994	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	•	
	A majority of the incorporators authorized the dissolution.	7
	A majority of the directors authorized the dissolution.	
Sign	nature: Leuisa Culery/ (By a director, president or other officer - if director 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.)  Louise Lowery	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35

#### Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Invoice or PO number
Date
Description of services
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PO Box 385
Gonzales FL 32560
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Louise Lowery Louise Louise Lawery
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00