L00000000 9878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resolution

NOV 19 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bowen, Miclette & Britt of South Florida, 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:

Charles Koerth
(Name of Person)

Gray Reed & McGraw
(Firm/Company)

1300 Post Oak Boulevard, Suite 2000
(Address)

Houston, Texas 77056
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Koerth at (713) 9867177
(Name of Person) (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

1. The name of a limited liability company is
   Bowen, Miclette & Britt of South Florida, LLC

2. The Articles of Organization were filed on August 16, 2000 and assigned
   document number L00000009878

3. The delayed effective date the dissolution if not effective on the date of filing: _____
   (effective date cannot be prior to or more than 90 days later than date document is received for filing)
   Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).
   Voluntary dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Laurie M. Karlcd
Printed Name

FILING FEE: $25.00