

L000000009878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

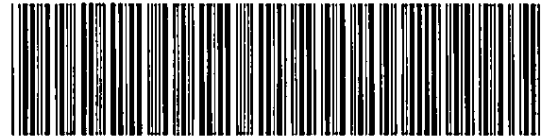
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900320301829

11/02/18--01011--008 **25.00

RECEIVED
CLERK OF SUPERIOR COURT
STATE OF CONNECTICUT
JAN 10 2019 9:33

Dissolution

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

(Name of Person)

713 9867177

(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

RECEIVED
DIVISION OF CORPORATIONS
JAN 10 2000

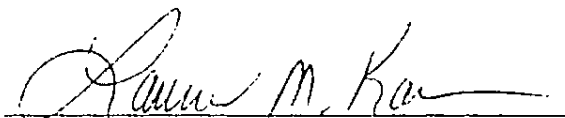
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

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:

RECEIVED
SEP 11 2000
CLERK OF THE
SUPREME COURT
OF THE STATE OF
FLORIDA
TALLAHASSEE


Signature

Lawrence M. KARAC
Printed Name

FILING FEE: \$25.00