

L13000161801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

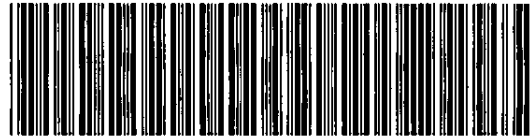
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200255631542

01/17/14--01014--012 \*\*25.00

FILED  
14 JAN 17 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 24 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYPRESS CREEK WELDING 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 BROWNING

(Name of Person)

CYPRESS CREEK WELDING LLC

(Firm/Company)

6065 SW JD Shiver Rd

(Address)

Kinard, FL 32449-2317

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Browning

(Name of Person)

at 850 630-6474

(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**

**FILED**  
14 JAN 17 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
CYPRESS CREEK WELDING LLC
2. The Articles of Organization were filed on 11-19-2013 and assigned  
document number L13000161801
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
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).  
HEALTH ISSUES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: ROBERT BROWNING  
6065 SW JD Shiver Rd  
Kinard, FL 32449-2317  
\_\_\_\_\_
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

Printed Name



Robert Browning

**FILING FEE: \$25.00**