

LO1000010846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

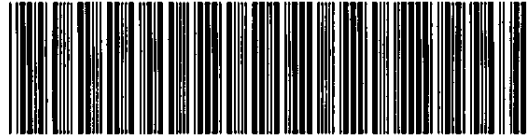
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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JAN 05 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSCAR BULLARD GENERAL CONTRACTOR, 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:

LINDA BULLARD
(Name of Person)

(Firm/Company)

2266 ROYAL LANE
(Address)

NADIES, FL 34114
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA BULLARD at (239) 289-0942
(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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

OSCAR BULLARD GENERAL CONTRACTOR, L.L.C.

2. The Articles of Organization were filed on JULY 2, 2001 and assigned

document number L01000010846

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)

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).

THE COMPANY WENT OUT OF BUSINESS
AS THE MAIN MEMBER IS DECEASED.

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:

Linda S. Bullard
Signature

LINDA BULLARD
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE

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