

LO10000010846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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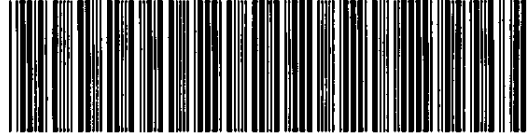
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
JANUARY 2015

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)

NAPLES, 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

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TALLAHASSEE, FL 32301  
CLERK OF STATE

**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 L010000010846

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 FLORIDA