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SECRETARY OF STATE
DIVISION OF CORPORATION

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: COX AND WALKER 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:			
KEITH H. COX	_		
(Name of Person)			
(Firm/Company)			
54 N BLACKWATER LN (Address)			
KEY LARGO FL 33037 (City/State and Zip Code)			
For further information concerning this matter, please call:			
KEITH H. Cox (Name of Person)  at (365) 458 9625  (Area Code & Daytime Telephone Num	nber)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee  30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy Certificate of Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	f Status &		

#### **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

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assigned document number
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en paid or discharged.  bursuant to s. 608.4421.  dance with their respective  er or decree which may be
to approve the dissolution:
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