L0800061779

(F	Requestor's Name)			
(Address)				
(/	Address)			
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MemoiAs of A Coid WAR Colonel, LLC (Name of Limited Liability Company)				
(Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fec(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
William H MAC ARTHUR				
William H MAC ARThur (Name of Person)				
(Firm/Company)				
905 Cyfress Wood Lane (Address)				
Saras Ta, FL 34243 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
William H MAc Arthur at (941) 724-4562 (Name of Person) (Area Code & Daytime Telephone Number)				
(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: STREET/COURIER ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited	liability company is		
Memoirs	OF A COLD WA	R Columel, LL	٠.
	zation were filed on	' Y	
document number <u>L</u>	08000061779		
Note: If the date inserte	date the dissolution if not effective date cannot be prior to or mod in this block does not meet the effective date on the Department	applicable statutory filing rec	cument is received for filing) quirements, this date will not be
4. A description of occur	rence that resulted in the limites, (copy 605.0707 on back	ted liability company's diss	olution pursuant to section
•	jor CANCER S	•	ecember 12, 2017.
and cont	d No longer	operate The	business
	loss of stre	•	
5. If there are no member	s, enter the name and address		wind up the company's
activities and affairs:	William H	MAC ARTHUR	
	905 Cypr	ess Wood Lane	
	Sarasita, FL	34243	H CARAGON CONTRACTOR C
			3 5 7
6. Signature of an authoritisted above to wind up th	zed person or if there are no e company's activities and af	members, the signature of t fairs:	he person appointed and
Willing H My Signati	or arthur	William HA	1AC ARTHUR
Signati	ıre	Printed Name	

FILING FEE: \$25.00