

L11000074385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

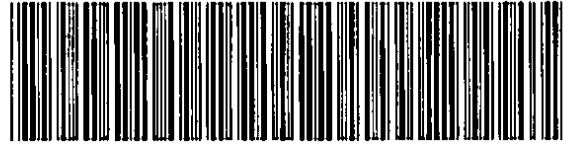
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASON CONTRACTING 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:

CALVIN EASON

(Name of Person)

EASON CONTRACTING LLC

(Firm/Company)

10595 VICTORIA FALLS DR.

(Address)

FESTUS, MO 63028

(City/State and Zip Code)

For further information concerning this matter, please call:

CALVIN EASON

(Name of Person)

314

707-6515

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

-  Signature
-  Printed Name

FILING FEE: \$25.00