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COVER LETTER

Division of Corporations .
SUBJECT: BRADFIELD & SON, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
CHRISTOPHER D. BRADFIELD (Name of Person)
(Name of Person)
(Firm/Company)
2100 N.W. PINE TREE WAY
(Address)
STUART, FL 34944 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (307) 215-9898 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limits	J. Mak. (1).		12 A	
1. The name of a limited	, ,	<i>c</i> :	4,	My 7.
<u> DEFUELO</u>	ELD ! SON, LL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	So
2. The Articles of Organ	nization were filed on δ	LLY 2, 20	12 and assigned	
document number	L120000 8651			
(c Note: If the date inser	e date the dissolution if not eleffective date cannot be prior to or a red in this block does not meet 's effective date on the Departm	nore than 90 days later th the applicable statutory	nan date document is received y filing requirements, this d	for filing)
4. A description of occu 605.0707, Florida Sta	arrence that resulted in the lin tutes, (copy 605.0707 on bac	nited liability compa k cover letter).	ny's dissolution pursuam	t to section :
SOLD P	ROPERTY THIS	ENTITY	WAS	
				·
	ers, enter the name and addre		ointed to wind up the con	npany's
activities and affairs:	<u>LAKIS IS</u>	RADFICED		<u> </u>
	2100 N.	U. PINE TI	ree vat	
	STUART	FL 34	994	· ,
				. ,
Signature of an autho above to wind up the cor	rized person or if there are no npany's activities and affairs	o members, the signa	ture of the person appoir	nted and liste
Chilpe O Bo	Third the	Christoph	w D. Bradfiela Printed Name	/
Signa	iuic		rimed Name	

FILING FEE: \$25.00