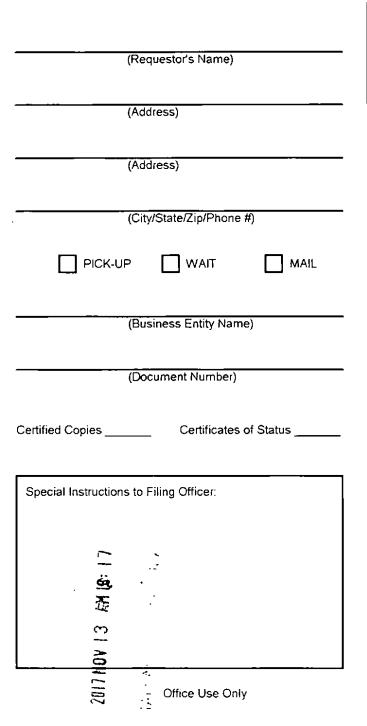
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MIT NOV IL PH 3-37
SECRETARY OF STATE

K SALY NOV 15 2017

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

# **BAY COUNTY CONTRACTORS & ASSOCIATES 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:

JAMES FINCH
(Name of Person)
BAY COUNTY CONTRACTORS & ASSOCIATES INC
(Firm/Company)
1805 TENNESSEE AVENUE
(Address)
LYNN HAVEN, FL 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

BOB HARRIS

(Name of Person)

(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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2017 NOV 14 PH 3-37
TALLAHASSEE. FLORIDA

1. The name of a limited liability company is		Sec.
BAY COUNTY CONTRACTORS & ASSOCIA	TES LLC	TALLAHASSEE. FL
. The Articles of Organization were filed on	OCTOBER 29,2013	and assigned
document number L13000152340	<del></del>	
The delayed effective date the dissolution if r (effective date cannot be prior to Note: If the date inserted in this block does not n listed as the document's effective date on the Dep	meet the applicable statutory fil	iling: NOVEMBER 15, 2017 date document is received for filing) ling requirements, this date will not be
. A description of occurrence that resulted in th 605.0707, Florida Statutes, (copy 605.0707 or	n back cover letter).	•
THE ACTIVITIES OF THE LLC HAVE BEEN T	TRANSFERRED TO A NON I	'ROFIT CORPORATION
		<del></del>
If there are no members, enter the name and a activities and affairs:	address of the person appoin	ited to wind up the company's
	· · · · · · · · · · · · · · · · · · ·	
Signature of an authorized person or if there a sted above to wind up the company's activities	are no members, the signatu and affairs:	re of the person appointed and
On Juno	JAMES FINCH MO	
Signature		nted Name
FII.	JNG FEE: \$25.00	

FILING FEE: \$25.00