

LB000152340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

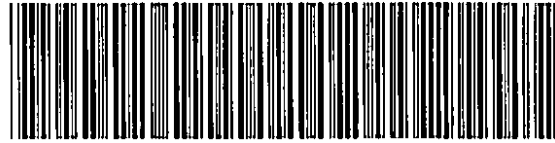
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TALLAHASSEE, FLORIDA

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)

at (**850**) **265-4210**

(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

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TALLAHASSEE, FLORIDA

- 
Signature

Printed Name _____

FILING FEE: \$25.00