

217 000 155510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

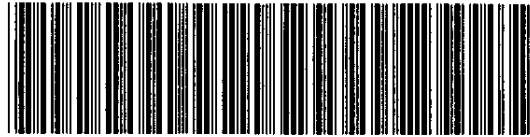
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900267057819

12/16/14--01003--004 **25.00

FILED
14 DEC 16 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 1 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & R FRAMING 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:

ROBERT Shirley
(Name of Person)

(Firm/Company)

6557 SE 145TH ST.
(Address)

Summerfield FL. 34491
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCE S Shirley at (352) 266-9222
(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**

1. The name of a limited liability company is

B & R FRAMING LLC

2. The Articles of Organization were filed on JANUARY 27, 2014 and assigned

document number L13000155910

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

WENT TO JAIL - LOST ALL CLIENTS.

WAS in CAR ACCIDENT - COULD NOT WORK

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Frances Shirley

6557 SE 145th ST.

Summerfield FL.

3414 871

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Frances Shirley
Signature

FRANCES SHIRLEY
Printed Name

FILING FEE: \$25.00

14 DEC 16 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED