# 14000048829

(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



800284211498

04/08/16--01009--008 \*\*25.00

K.SALY EXAMINER APR 11

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# COUILLARD & COUILLARD 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:

Diana B Couillard					
(Name of Person)					
(Firm/Company)					
13287 CR 245 W					
(Address)					
Oxford, Florida 34484					
(City/State and Zip Code)					

For further information concerning this matter, please call:

## Diana B Couillard

<sub>...</sub>352

748-5228

(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

	,	FOR	SSOLUTION	^s.		
		A LIMITED LIABILI	ITY COMPANY	2016 APR -8 Ph 3:		
	,			2016 10		
1.	The name of a limited liabil	ity company is		- 14 8-8 pt		
	Couillard & Couillard LLC			19 3:		
				1174884 4 1 1 A.		
2.	The Articles of Organizatio	n were filed on 4/17/2015		_ and assigned		
	document number L1400004	8829				
3.	Note: If the date inserted in t	the dissolution if not effective on the date of filing:  Date of Filing  re date cannot be prior to or more than 90 days later than date document is received for filing)  this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.				
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited copy 605.0707 on back co	l liability company's d' ver letter).	issolution pursuant to section		
	Parties in the LLC have sold al	l assets that related to the pur	pose of having the LLC			
5.	If there are no members, en activities and affairs:	ter the name and address of Diana B Couillard	f the person appointed	to wind up the company's		
	activities and affairs:					
		13287 CR 245 W				
		Oxford, Florida 34484				
6	Signature of an authorized	person or if there are no me	embers, the signature of	f the person appointed and		
lis	sted above to wind up the con	npany's activities and affa	irs:	person appointed and		
(	your & Co	ulla Q	Diana B Couillard			
	Signature		Printe	d Name		

FILING FEE: \$25.00