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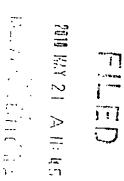
(700	questor's Name)			
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(Cit	y/State/Zip/Phon	e #)		
	_			
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)	 		
Certified Copies	Certificate	s of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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05/21/18--01008--015 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

KNIGHT BCR 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:

Roy L. Bowden, Sr.	
(Name of Person)	; =
Knight BCR LLc	<u> </u>
(Firm/Company)	
15540 SW 295th Terrace	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(Address)	. 5
Homestead, FL 33033	_ ·
(City/State and Zip Code)	

For further information concerning this matter, please call:

Roy L. Bowden, Sr at (786) 283-9075 (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 KNIGHT BCR LLC				
2.	The Articles of Organization	n were filed on 04/07/2015		and assigned	
	document number L150000	51222			
3.	The delayed effective date the dissolution if not effective on the date of filing: 05/15/2018 (effective date cannot be prior to or more than 90 days later than date document is received for filing)			5)	
	Note: If the date inserted in	his block does not meet the ap- tive date on the Department of	plicable statutory filing re		
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).				
	Due to my current health conditions, I Roy L. Bowden, Sr. am no longer able to give the time or energy to the				
	business. In accordance with F	lorida State Statutes, I hereby of	lissolve. Knight BCR, a I	Limited Liability Company	71
	organized under the laws of th	e State of Florida.		: NO	<u> </u>
				> =	つ
5.	If there are no members, en activities and affairs:	ter the name and address of ROY L. BOWDEN, SR	the person appointed to	o wind up the company'	s _
15540 SW 295TH TERRACE		·	_		
HOMESTEAD, FL 33033					_
					_
6. lis	Signature of an authorized sted above to wind up the con	person or if there are no mer mpany's activities and affair	nbers, the signature of s:	the person appointed an	d
K,	oy L. Dowler	R	OY L. BOWDEN. SR.		_
	Signature		Printed	Name	_
		FILING FER	E: \$25.00		

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: KNIGHT BCR LI	_C				
Document number of Limited Liability Company is: L15000061222					
Date of dissolution was: 05/15/2018					
Description of information that must be included in a written claim:					
NO KNOW CLAIMS AGAINST THI					
	-: .				
	= 1				
	. : 7				
Mailing address where claims can be sent: (Claims cannot be sent to the	ne Division of Corporations)				
Roy L. Bowden, Sr.					
15540 SW 295th Terrace					
Homestead, FL 33033					
					

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

A claim against the above named limited liability company will be barred unless a proceeding to enforce the