

L16000007603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

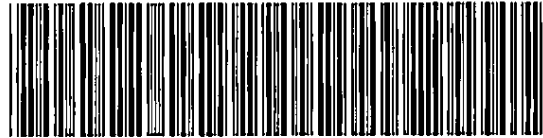
(Business Entity Name)

(Document Number)

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20 FEB -5 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C & R EQUIPMENT AND INSTALLATION, 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:

JESSICA POSEY CPA

\_\_\_\_\_  
(Name of Person)

JESSICA POSEY CPA PA

\_\_\_\_\_  
(Firm/Company)

2950 HARVEST RD

\_\_\_\_\_  
(Address)

JAY, FL 32565

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHAD ROBERTS

\_\_\_\_\_  
(Name of Person)

850

530-3964

at (

\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
C & R EQUIPMENT AND INSTALLATION LLC
2. The Articles of Organization were filed on 1/14/2016 and assigned  
document number L16000007603
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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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).

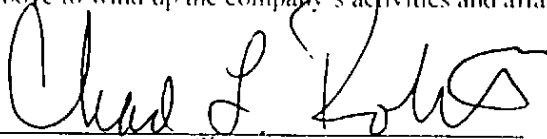
MEMBERS VOTE TO DISSOLVE

MEMBERS VOTE TO DISSOLVE

MEMBERS VOTE TO DISSOLVE

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

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:



Signature

CHAD L. ROBERTS

Printed Name

**FILING FEE: \$25.00**

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