L16000046421

(Re	equestor's Name)						
(Ad	ldress)						
(Ac	ldress)						
	ty/State/Zip/Phone	- *					
(CI	ty/State/Zip/Phone	e #}					
PICK-UP	☐ WAIT	MAIL					
(Bu	usiness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
	<u>-</u>						

Office Use Only



600357449566

01/11/21--01010--005 **25.00



2/17/21

COVER LETTER

TO:	Registration Section Division of Corporations							
SHRH	Jeff Wilson Brick and Tile, LLC	•						
SUBJECT: (Name of Limited Liability Company)								
The en	closed Articles of Dissolution and fee(s) are sub-	mitted for filing.						
Please	return all correspondence concerning this matter	r to the following:						
	Jeff Wilson							
	()	Name of Person)						
Jeff Wilson Brick and Tile, LLC								
	(Firm/Company)							
	720 S. Grant St.							
		(Address)						
	Longwood, FL 32750							
	(City	/State and Zip Code)						
For fu	ther information concerning this matter, please of	call:						
	Jeff Wilson	407 407 221 9975						
	(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclose	ed 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:		Street Address:						
Registration Section Division of Corporations		Registration Section Division of Corporations						
	P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liability company is			2021 JAN 11	PM 2: 32				
	Jeff Wilson Brick and Tile, LLC			SECRETARY TALLAHAS	OF STATE				
2.	The Articles of Organization	were filed on March 2016	3/7/16and	assigned	SEE. FÜ				
	document number L 1600004	6421							
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 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).								
	No work			·-					
	No work								
}	No work								
5.	If there are no members, enter activities and affairs:	r the name and address of Jeff Wilson	the person appointed to win	d up the compa	ny's				
		720 S. Grant St.							
6. ab	Signature of an authorized peove to wind up the company's	erson or if there are no mer activities and affairs:	mbers, the signature of the p	erson appointed	l and listed				
1	If mil	<u></u>	eff Wilson						
	Signature Signature		Printed Nam	ie					

FILING FEE: \$25.00