L16000227269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** WILLIAMS-BROWN CONCRETE DIVISION, 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:

CAMERON LAY
(Name of Person)

WILLIAMS-BROWN, INC.
(Firm/Company)

801 W. ROMANA STREET
(Address)

PENSACOLA, FL 32502
(City/State and Zip Code)

For further information concerning this matter, please call:

CAMERON LAY at (850) 477-7774
(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 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
   WILLIAMS-BROWN CONCRETE DIVISION, LLC

2. The Articles of Organization were filed on DECEMBER 15, 2016 and assigned
   document number L16000227269

3. The delayed effective date the dissolution if not effective on the date of filing: 01/31/2021
   (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).
   THE LLC CEASED OPERATIONS AND NO LONGER CONDUCTS BUSINESS.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
   CHAD A. WILLIAMS
   801 W. ROMANA STREET
   PENSACOLA, FL 32502

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TALLAHASSEE, FLORIDA

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 A. WILLIAMS
Printed Name

**FILING FEE: $25.00**