

216000232461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 FEB 21 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
FEB 22 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BCAK, 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:

Donna Duncan, Attorney

(Name of Person)

Sanders and Duncan, P.A.

(Firm/Company)

P.O. Box 157

(Address)

Apalachicola, FL 32329

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Duncan

(Name of Person)

at ( 850 ) 653-8976

(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

FILED  
18 FEB 21 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
BCAK, LLC

2. The Articles of Organization were filed on 12/27/2016 and assigned  
document number L16000232461

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).  
Sell and transfer of ownership of LLC real property

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

Brian Craig Robinson, Co-Trustee of The BCR Trust  
Printed Name

FILING FEE: \$25.00

FILED  
18 FEB 21 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: BCAK, LLC

Document number of Limited Liability Company is: L16000232461

Date of dissolution was: 02/03/2018

Description of information that must be included in a written claim:

- Complete statement of claim
- Contact information for claimant
- Documentation supporting statement of claim
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

The BCR Trust dated February 25, 2014  
59221 East 288th Lane  
Grove, OK 74344  
 

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Brian Craig Robinson, Co-Trustee

Printed Name of the Person Filing



Signature of the Person Filing

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