

L 14000130875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

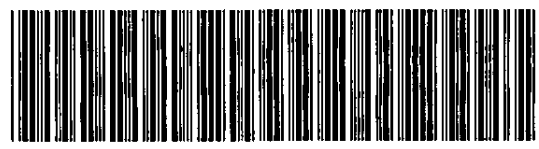
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 DEC 19 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 31 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constellation Energy Management, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Niki Schneider
(Contact Person)

Building Trades Association
(Firm/Company)

6353 W. Rogers Circle # 3
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Niki Schneider at 561 961-1374
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED

2014 DEC 19 PM 1:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
Constellation Energy Management, LLC

2. The Articles of Organization were filed on 8/20/2014 and assigned
document number L14000130875

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)

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).

No business was ever conducted.

All members of the LLC have jointly agreed to dissolve the entity.

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

Richard D. Oleck

Printed Name

FILING FEE: \$25.00