L09000096447

(Re	equestor's Name)				
(Ad	ldress)				
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(Cil	ly/State/Zip/F11011	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Business Entity Name)					
	•	,			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
Wrong	form				

Office Use Only



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12/11/14--01011--014 **43.75

15 FEB 12 AH 8: 55

T. HAMPTON

COVER LETTER

Division of Corporations					
SUBJECT: Adap / On fractors 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:					
ERIC Moye (Name of Person)					
(Name of Pérson)					
Adept Contractors, LCC (Firm/Company)					
(Firm/Company)					
14201 Leaning Pike Drive					
(Address)					
Miami Lales, FL 33014					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Elic Maye at (754) 224-0/13 (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

15 FEB 12 AM 10:00

BUREAU OF COMMERCIAL INFORMATION SERVICES

December 23, 2014

ERIC MOYE 14201 LEANING PINE DR MIAMI LAKES, FL 33014

SUBJECT: ADEPT CONTRACTORS, LLC

Ref. Number: L09000096447

We have received your document for ADEPT CONTRACTORS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 114A00027074

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability of	company is	Contrac	for 11	
2. The Articles of Organization we document number	7	papap	769800 and	d assigned
3. The delayed effective date the d	lissolution if not	effective on the da	te of filing: er than date docur	nent is received for filing)
4. A description of occurrence that 605.0707, Florida Statutes, (copy	t resulted in the l y 605.0707 on ba	imited liability cor ick cover letter).	mpany's dissol	ution pursuant to section
- tragh Com	persism			
5. If there are no members, enter the activities and affairs:	he name and add	Moye		ind up the company's
	14201 Miami	Leaning Lakes	Pone y	Drive 37014
6. Signature of an authorized persolisted above to wind up the compar	on or if there are	no members, the s d affairs:	ignature of the	person appointed and
Signature)			FRIC Printed Nar	Moye
FILING FEE: \$25.00				= .

15 FEB 12 AM 8: 55
SECRETARY OF STATE
AND SECRETARY OF STATE