L03000042956

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
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Office Use Only



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02/13/25--01011--001 **55.00

2025 FEB 12 PM 12: 32

COVER LETTER

Division of Corporations	•			
SUBJECT: CArl Heise Construction, LCC (Name of Limited Liability Company)				
(Name of Littined Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
KAthryn Heise (Name of Person)				
CArl Heise Construction, UC				
PO BOX 6974 (Address)				
OCAIA, Fl. 34478 (City/State and Zip Code)				
For further information concerning this matter, please call:				
KAthryn Heise (Name of Person)	at (_3\$2) _572-957 [(Area Code & -)aytime Telephone Number)			
Enclosed is a check for the following amount:				
[1] \$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee. Lertificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section			
privision of Corporations	Division of Corporations			

The Centre of Taliahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liability company is	2025 FEB 12 PM 12: 32
	CARI Heise Construction, LLC	TALLAHASSEE FLORIDA
2.	The Articles of Organization were filed on 2 10 25	and assigned
	document number <u>L030000 429 56</u>	
3.	The delayed effective date the dissolution if not effective on the date of Gi (effective date cannot be prior to or more than 90 days later than d Note: If the date inserted in this block does not meet the applicable statutory fill listed as the document's effective date on the Department of State's records.	ing: 21025 late document is received for filing) ing requirements, this date will not be
4.	A description of occurrence that resulted in the limited liability company: 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). CAN Heise (Owner and operator) Passed away from Pancreatic Com	of the Company)
5.	If there are no members, enter the name and address of the person appoirs activities and affairs: NO members of the Com	
	* Please mail all information to:	: SIST Terrece 7 34480
6. ab	Signature of an authorized person or if there are no members, the signature ove to wind up the company's activities and affairs:	of the person appointed and listed
Y	Cathryn Heise Kathryn Kathryn Pris	teise nted Name

FILING FEE: \$25.00