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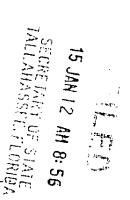
(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONTRACTOR'S WArehouses 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:
JOHN R KIRKPATRICK
(Name of Person)
(Firm/Company)
107 ALBACORE Cane
JUPITER, FL 33477 (City/State and Zip Code)
(
For further information concerning this matter, please call:
TOHN RKIRKPATRICL at (941), 468-7700 (Area Code & Daytime Telephone Number)
(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	OTRACTOR'S Wavehouses LLC	.·
2. The Articles of Organization v	vere filed on and assigned	
document number <u>LO4</u>	200048367	
3. The delayed effective date the (effective dat	dissolution if not effective on the date of filing:e cannot be prior to or more than 90 days later than date document is received for filing)	ı*
605.0707, Florida Statutes, (co	at resulted in the limited liability company's dissolution pursuant to sect py 605.0707 on back cover letter). REAL PROPERTY Assect of LLC	tion
		-
5. If there are no members, enter activities and affairs:	the name and address of the person appointed to wind up the company's	}
		15 JAN
_	JUINTER F1 3247) 8887	
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6. Signature of an authorized per listed above to wind up the compa	son or if there are no members, the signature of the person appointed and	Ď
Open Vultouted	JOHN RKIRKPATRICA	L
Signature	Printed Name FILING FEE: \$25.00	