1060000 72325

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



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04/05/19--01015--035 **25.00

2019 APR - 5 PH 12: 11

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COVER LETTER

| | on of Corporations | |
|------------------|---|--------------------------------|
| SUBJECT: _ | ERH CONSTRUCTION LLC | |
| _ | (Name of Limited Liability Company) | |
| The enclosed A | articles of Dissolution and fee(s) are submitted for filing. | |
| Please return a | l correspondence concerning this matter to the following: | |
| | EARL HOMER (Name of Person) | |
| | (Name of Person) | |
| | E2H CONSTRUCTION LLC | |
| | 3125 RIES Rd. | 201 |
| | (Address) | 9 🖈 |
| | LAUREL HILL, FL 32567 (City/State and Zip Code) | PR-5 F |
| | (City/State and Zip Code) | P) |
| For further infe | rmation concerning this matter, please call: | PILED 2019 APR -5 PM 12: 14 |
| EA | RL HOMER = 11,850,830-4416 | |
| - | (Name of Person) at (850) 830-4416 (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 li $\mathbb{F} P$ | ability company is H CONSTRUCT! | 011 | 46 | | |
|---|--|-----------------|---|--------------------------------------|--|
| 2. The Articles of Organiz | ation were filed on $4-2-$ | 2019 | | | |
| document number | 0600007232 | > | | | |
| Note: If the date inserted | ate the dissolution if not effective on the tive date cannot be prior to or more than 90 days in this block does not meet the applicable affective date on the Department of State's | statutory 1 | filing: $4 - 2 - 2$ and date document is received illing requirements, this | 2019 ad for filing) date will not be | |
| 4. A description of occurre 605,0707, Florida Statute RETIRE | nce that resulted in the limited liabilities, (copy 605,0707 on back cover lette | y compan r). | y's dissolution pursu | and to section 19 APR -5 | |
| 5. If there are no members, | enter the name and address of the per | | - – nted to wind up the c | PM 12: 14 | |
| activities and affairs: | EARL HOMER | <u>-</u> | | | |
| | 3125 RIES Rd. | · | | | |
| | LAUREL HILL, | FL | 32567 | , | |
| Signature of an authorize listed above to wind up the | ed person or if there are no members, tecompany's activities and affairs: | he signatu | are of the person appo | Dinted and | |
| ZA | EA | ac | HOWER | | |
| Signature | | Printed Name | | | |

FILING FEE: \$25.00