

LD70000000911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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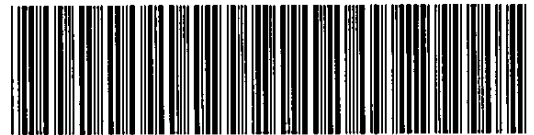
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 OCT -2 PM 3:12  
SUFFICIENCY OF FILING

14 OCT -2 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 2 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Concept Construction Group, 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:

Stacy L. Harnett  
(Name of Person)

Concept Construction Group  
(Firm/Company)

P.O. Box 6214  
(Address)

Tallahassee FL 32314  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Harnett at ( 850 ) 510-6017  
(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 company is

Concept Construction Group, LLC

2. The Articles of Organization were filed on 1/3/2007 and assigned  
document number 607000000 911

3. The delayed effective date the dissolution if not effective on the date of 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).

Reorganization of company

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

[Signature]

Printed Name

Stacy L. Harrett

FILING FEE: \$25.00

14 OCT -2 PM 3:18  
FILED  
F. CHIDA