L08000051354

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

Office Use Only



900175360629

04/14/10--01008--004 **25.00

FILED

10 APR 14 AM 11: 46

SECRETARY OF STATE
SECRETARY SEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Robert W. Sullivan Constauction 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:		
Robert W. Sullivan (Name of Person)		
(Firm/Company)		
O o O o d		
$\frac{P.U.Dox}{Address}$		
Thenton FL 32693 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert W. Sullivan at (352) 354-0126 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Sequence of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS: Pariety time Section		
Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

10 APR 14 AMII: 46

SECRETARY OF STATE
FALL AHASSET

1. The name of a limited liability company is Robert W Sullivan Construction	LLC
2. The Articles of Organization were filed on May 22, 2002	and assigned document number
3. The date the dissolution was approved: 4-13-2010	·
 A description of occurrence that resulted in the limited liability comp 608.441, Florida Statutes, (copy 608.441 on back cover letter). 	pany's dissolution pursuant to section
I Robert W. Sullivan, with 100% of	~ :
have become disabled. I am y	no longer able to
work and there is no need for I	his LLC to bemain
active.	
5. CHECK ONE:	
All debts, obligations and liabilities of the limited liability c -OR- Adequate provision has been made for the debts, obligations 6. All remaining property and assets have been distributed among its m rights and interests.	and liabilities pursuant to s. 608.4421.
7. CHECK ONE:	
There are no suits pending against the company in any court	i.
Adequate provision has been made for the satisfaction of an entered against it in any pending suit.	y judgment, order or decree which may be
Signatures of the members having the same percentage of membership into	erests necessary to approve the dissolution:
Signature	Printed Name
for a Sellie Bot	sert W. Sullivan
· · · · · · · · · · · · · · · · · · ·	