# 109000005754

(Re	equestor's Name)	·		
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	1		

Office Use Only



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### **COVER LETTER**

	tration Section on of Corporations						
SUBJECT: _	Magi Construction, LLC						
	(Name of Limited	Liabili	ity Company	)			
	Articles of Dissolution and fee(s) are submitted		_				
	Amanda McDaniel						
(Name of Person)							
Magi Construction, LLC							
(Firm/Company)							
Two Metroplex Drive. Suite 400							
(Address)							
	Birmingham, AL 35209						
	(City/State a	nd Zip	Code)				3
For further info	ormation concerning this matter, please call:						
Jeren	ny M. DiPiazza	at (	205	423-2354			1
•	(Name of Person)	••• (	(Area Code	_) e & Daytime Telephone Num	_	•	ì
Enclosed is a che	eck for the following amount:						
■ \$25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)							
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registe Division Cliftor 2661 E	ET/COURIER ADDI ration Section on of Corporations Building Executive Center Circle assee, FL 32301	PARY OF	2014 AUG 25 PM 2: 45	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is     Magi Construction, LLC			
2.	The Articles of Organization document number L09000005		2814 AUG
3.	The delayed effective date the (effective date)	e dissolution if not effective on the date of filing: November (20) ate cannot be prior to or more than 90 days later than date document is received.	4 25 for filling)
4.	A description of occurrence to 605.0707, Florida Statutes, (co. No longer working under this en	hat resulted in the limited liability company's dissolution pursuant opy 605.0707 on back cover letter).	t to Section
5.		r the name and address of the person appointed to wind up the cor	mpany's
	activities and affairs:		/
6.	Signature of an authorized pe	rson or if there are no members, the signature of the person appo	E dian
lis	sted above to wind up the comp	Robert Otto Burton	
	Signature	Printed Name	, <u>c</u>

FILING FEE: \$25.00



### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	201
Document number of Limited Liability Company is:	AUG
Date of dissolution was: August 8, 2014	25 ASSE
Description of information that must be included in a written claim:	PH 2: OF STA
No longer working under this entity name.	<b>-</b>
	<del> </del>
	· · · · · · · · · · · · · · · · · · ·
	\ \ \ \
Mailing address where claims can be sent: (Claims cannot be sent to the Division o	of Corporations)
Hoar Construction, LLC	<u>.                                    </u>
Attn: Amanda McDaniel	
Two Metroplex Drive. Suite 400	
Birmingham, AL 35209	
A claim against the above named limited liability company will be barred unless a claim is commenced within 4 years after the filing of this notice.	proceeding to enforce the
Robert Otto Burton	Mail
Printed Name of the Person Filing Signature of	the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00