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SECRETARY OF STATE

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COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	All Keys General Contra	actors LLC	
_	(Name of	Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed A	Articles of Dissolution and fee(s) are so	ubmitted for filing.	
Please return a	Il correspondence concerning this mat	ter to the following:	
	Neil Flynn		
		(Name of Person)	
•			
(Firm/Company)			IT API
	14715 Via Tivoli Court	(Address)	R 25
	Davie, FL	(Addiess)	SEE, F
	(Ci	ity/State and Zip Code)	STATE STATE
For further info	ormation concerning this matter, please	e call:	10 0
Nei	l Flynn	at (305) 607-2480	V , 1
	(Name of Person)	(Area Code & Daytime Telephone	Number)
Enclosed is a ch	eck for the following amount:		
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	Certified Copy Certifies (additional copy is enclosed) Certified	O Filing Fee,
	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	