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COVER LETTER

Division of Corporations	_	
SUBJECT: Steel King Co	insulting. 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:		
John S. Z. (Name of P	LeMaster Person)	
Steelking CONSULTING LLC (Firm/Company)		
31183 PARAdise Commons, Apt 718		
FERNANDINA BLACK FL 32034 (City/State and Zip Code)		
For further information concerning this matter, please call:		
John S. LeMASter	at (786) 759-1812 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address: Si	treet Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Steelking Consulting LLC
2. The Articles of Organization were filed on MARCh 14, 2011 and assigned
document number <u>11000032092</u>
The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
OWNER Retired
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JOHN S. L.2 MASTER
31183 PARAdise Commens
APT. 718
FERNANdiNA BOACH, FL 32034
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:
How Signature John S. LeMASter Printed Name
FILING FEE: \$25.00