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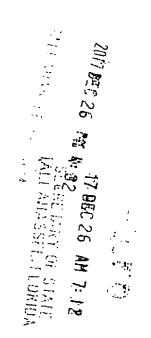
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COVER LETTER

Division of Corporations
SUBJECT: SWEENOR WILKES CONSTRUCTION LLC (Name of Limited Liability Company)
(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:
JEFF SWEENCH (Name of Person)
(Name of Person)
Consequence April 1997
SWEENER WILKER CONSTRUCTION
(Firm/Company)
12 HIGH STROET (Address)
(Address)
WAKEFIELD PLI 02879
(City/State and Zip Code)
For further information concerning this matter, please call:
941
(Name of Person) (Name of Person) (Name of Person) (Area Code & Davtime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Control of the state of the sta
Enclosed is a check for the following amount:
S25.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed)
obtained dopy (additional copy is chelosed)

MAILING ADDRESS:

TO:

Registration Section

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 liabilit	ty company is	
SWEENOR W	TILKES CONSTRUCTION LLC	
	were filed on 12-21-11 and assigned	
Note: If the date inserted in the	ne dissolution if not effective on the date of filing: 12-1-17 date cannot be prior to or more than 90 days later than date document is received his block does not meet the applicable statutory filing requirements, this daive date on the Department of State's records.	for filing) ite will not be
4. A description of occurrence t 605.0707, Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuan copy 605.0707 on back cover letter).	t to section
COMPANY RA	AN OUT OF WOOK AND DECIMENTHE COMPANY) <u></u>
5. If there are no members, ente activities and affairs:	er the name and address of the person appointed to wind up the cor	npany s
	JEFF SWEENEL	26
	12 man street	
	WAKEFIELD IZI 02879	
6. Signature of an authorized pe listed above to wind up the comp	erson or if there are no members, the signature of the person appoi pany's activities and affairs:	nted and
Signature	SWEENCR Printed Name	

FILING FEE: \$25.00