

L11 000 142788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600306914836

12/27/17--01005--022 ♦♦25.00

2017 DEC 26 PM 4:32
17 DEC 26 AM 7:12
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEENEY WILKES CONSTRUCTION LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF SWEENEY
(Name of Person)
SWEENEY WILKES CONSTRUCTION
(Firm/Company)
12 HIGH STREET
(Address)
WAKEFIELD RI 02879
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF SWEENEY at 941 730-8270
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SWEENEY WILKES CONSTRUCTION LLC

2. The Articles of Organization were filed on 12-21-11 and assigned

document number L11000142788

3. The delayed effective date the dissolution if not effective on the date of filing: 12-1-17
(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).

COMPANY RAN OUT OF WORK AND DECIDED
TO CLOSE THE COMPANY

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JEFF SWEENEY

12 HIGH STREET

WAKEFIELD MA 02879

12 DEC 26 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:



Signature

JEFF SWEENEY

Printed Name

FILING FEE: \$25.00