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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: JAMES HOLLY Enterprises (CC (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:						
James Holly						
(Name of Person)						
JAMES HALLY ENERPRISES (CC)						
PO, Box 51333						
(Address)						
City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Spines Holly at (941) 351-853/ (Name of Person) (Area Code & Daytime Telephone Number)						
(value of reison) / (value code & Daytime receptione realiser)						
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: STREET/COURIER ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building						

2661 Executive Center Circle

· Tallahassee, FL 32301

Tallahassee, FL 32314

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lial	bility company is				
Sames Holly	<u>Energoises</u>	UC			·
2. The Articles of Organizat	ion were filed on	1/11/20	12	and assigned	
document number	120000	<u> </u>))	
3. The delayed effective dat (effecti Note: If the date inserted i listed as the document's eff	n this block does not me	et the applicable statut	ory ming re	ocument is received f	or filing) te will not be
4. A description of occurren 605.0707, Florida Statutes	s, (copy 605.0707 on b	limited liability compack cover letter).	ipany's dis	solution pursuan	to section
- · · ·					
			,		
5. If there are no members, e activities and affairs:	SAMES	dress of the person a HOLLY EV	HEALKY	o wind up the con	npany's
	PO 130	\times 513?	3		
	Soraso	bo FL	34	232	
Signature of an authorized listed above to wind up the c	d person or if there are ompany's activities ar	e no members, the signd affairs:	gnature of	the person appoi	ited and
James D. Hal Signature	lry	Jan	nes D Printed	Name	
	FILI	NG FEE: \$25.00		ASSETT TO A SECTION OF ANY OF	empte.
				111(2) -	> =