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(Requestor's Name)

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ASSOCIATE CLERK OF STATE
TREASURY SERVICES DIVISION

APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hickory SRG 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:

Christopher Garris
(Name of Person)

Hickory SGG LLC,
(Firm/Company)

850 SW Martin Downs Blvd.
(Address)

Palm City, FLorida 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Garris at (772) 287-1844
(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

Hickory SRG LLC.

2. The Articles of Organization were filed on 3-23-2012 and assigned

document number L12000041673

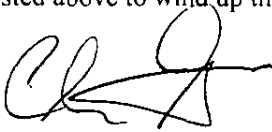
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Death of Managing Member

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

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

Christopher Garriss/Successor Manager
Printed Name

FILING FEE: \$25.00

FILED
15 MAR 27 AM 11:55
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA