

L17 0000 11647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

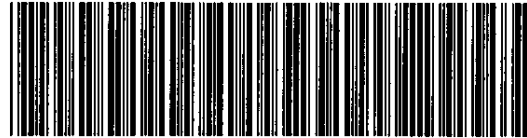
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/14--01007--021 **25.00

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14 JUN 30 PM 1:36
SOUTH FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAFEAR Construction 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 LAFEAR

(Name of Person)

THE LAFEAR GROUP

(Firm/Company)

1417 SADDLER RD #124

(Address)

Fernandina Beach FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

John LAFEAR

(Name of Person)

at (904) 237-2226

(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

LAFEAR CONSTRUCTION LLC

2. The Articles of Organization were filed on 1/24/2013 and assigned

document number L13000011643

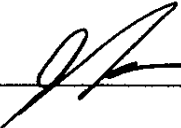
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

OUT OF BUSINESS, NO LONGER PERFORMING
CONSTRUCTION TYPE WORK. APPLICATION FOR
LICENSE DENIED. CLOSED DOORS 3/15/14.

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

JOHN LAFEAR
Printed Name

FILING FEE: \$25.00

14 JUN 0 PM 1:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

605.0707
2013