(Requestor's Name) (Address) (Address)	800255631828		
	800255631828		
(City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)	01/17/1401018 -011 **25.00		
fied Copies Certificates of Status			
Office Use Only			

COVER LETTER

TO: **Registration Section Division of Corporations**

Professor Plumb LLC SUBJECT:

(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:

Danielle Capretti			
(Name o	f Person)		
Gulf Mechanical Gro	oup, Inc.		
(Firm/C	ompany)		
1015 Atlantic Blvd., a	#247		
(Add	iress)		
Atlantic Beach, FL 3	32233		
(City/State a	nd Zip Code)	2	
For further information concerning this matter, please call:			
Danielle Capretti	,904	4 72-8885	
(Name of Person)	_ ** (le & Daytime Telephone Number)	<u> </u>
Enclosed is a check for the following amount:		12- 	ភូ ភ ូ
\$25.00 Filing Fee and Certificate of Dissolution	\$55.0	00 Filing Fee, Certificate of Dissolut	ion &

\$25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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 Professor Plumb LLC
- 2. The Articles of Organization were filed on January 30, 2013 and assigned document number L13000015464

3. The delayed effective date the dissolution if not effective on the date of filing: _

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).
No business conducted under Professor Plumb LLC. All business was conducted under DBA for Gulf Mechanical Group, Inc. (P06000070039).
The separate LLC business entity is not needed.

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

Printed Name

c,

Danielle Capretti

FILING FEE: \$25.00