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(Re	equestor'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:							
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SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMPNET PUMBING, CCC.

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

Please return all correspondence concerning this matter to the following:

Durgat Hice
(Name of Person)
SELF
(Firm/Company)
200183 rd NEN. LOT# 11483
(Address)
St. PETERS by, fr 33702
(City/State and Zip Code)

For further information concerning this matter, please call:

Durjut Hile at (727) 776-1280

(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							
	_IMpact	pumB1	NG, CC	C.	·			
2.	The Articles of Organization w							
	document number	30001	72969	•				
3.	The delayed effective date the (effective dat	dissolution if no e cannot be prior to	t effective on the or more than 90 day	e date of filing: s later than date de	ocument is received for filing)			
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).								
	parture	Sepera	hon					
	/	/						
			· · • ·					
_								
5.	If there are no members, enter	the name and ad	dress of the pers	on appointed to	o wind up the company's			
	activities and affairs:							
					15 SEC			
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				<u> </u>	ASS T	n j		

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6. lis	Signature of an authorized persted above to wind up the compa	son or if there are any's activities a	e no members, t nd affairs:	he signature of	the person appointed and	No.		
	Dusit &	Q /sil		Durght	D. HILE			
	Signature			Printed	Name			

FILING FEE: \$25.00