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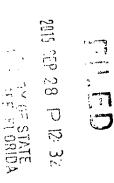
(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

### FLORIDA HAULING & RIGGING 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:

#### THOMAS MESSINA

(Name of Person)

# FLORIDA HAULING & RIGGING LLC

(Firm/Company)

1707 NE 6TH ST

(Address)

CAPE CORAL, FLORIDA, 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

## THOMAS MESSINA

...239

332-0992

(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			
	FLORIDA HAULING & RIGGI	NG LLC			
2.	The Articles of Organization v	vere filed on	014	and assigne	ed
	document number L140000710	90	<del>-</del>		
3.	The delayed effective date the (effective dat Note: If the date inserted in this listed as the document's effective	block does not meet the	ne applicable statutory fil	iling: 08/01/2015 date document is rec ling requirements, t	eived for filing) his date will not be
4.	A description of occurrence th 605.0707, Florida Statutes, (co	at resulted in the lim py 605.0707 on back	ited liability company cover letter).	's dissolution pu	rsuant to section
	VOLUNTARY DISSOLUTION.	•			
5.	If there are no members, enter activities and affairs:	the name and addres	ss of the person appoin	sted to wind up th	ne company's
	- -				
6. lis	Signature of an authorized persted above to wind up the compa	son or if there are no any's activities and a	members, the signatu offairs:	re of the person a	appointed and
			THOMAS MESSIN.	A	
	Signature		Pri	nted Name	29

FILING FEE: \$25.00