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| PICK-UP | WAIT | MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Do | ocument Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: L, E, MCKEE "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: |
| LARRY E. MCKEE (Name of Person) |
| L.E. MCKEE LLC' (Firm/Company) |
| 5772 TAMARACK DR (Address) |
| PACE FL 3257 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (850) 293 0065 (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, Ti | he name of a limited \mathcal{L} , \mathcal{E} , \mathcal{M} | CKEE"L | | | | ···································· | |
|-----------------|--|---|---|---|------------------------------|--------------------------------------|--------------|
| 2. Ti | he Articles of Organ | ization were filed | on JUNE 2 | 4 2016 | and assigned | | |
| do | ocument number | 16000, | 21818 | | | | |
| <u>1</u> | he delayed effective (e Note: If the date insertisted as the document' | ed in this block does | not meet the applica | o days later than date ible statutory filing | document is received | veerior niing) | |
| 60 | description of occu 5.0707, Florida Stat | utes, (copy 605.07 | 07 on back cover le | etter). | - | | |
| _ | DECIDED AC JLANN | NOT TO | PURSUE | ANY O | USINESS | NTERES | 1 |
| - | AC PLANN | ED DU | E to | HEALTH | CONCER | ens | |
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| | | | | | | | \sim |
| 5. If | there are no membe | rs, enter the name | and address of the | person appointed | to wind up the | eompany's | h |
| A. ac | etivities and affairs: EMULGE THIMARACK | BAR EK | EANOR L. F. | ROMMEL | (SIGNATURE) | | - |
| AKKY C772 | E MUKEE | M. JAC | 5055EX = FL, 3 | 2571 | US | | |
| PACE | E MUKEE TAMARACK TL 32571 | 3)AP GLOGI | AT MC | rEF (c) | laurent & | Mosin () | mo |
| | • | 5772 | A 5 MC | DR | <i>ywniuzz)</i> | wing. | |
| | | | Fh 32 | | | | |
| 6. Si listed | gnature of an author I above to wind up the | rized person or if the company's active | here are no member vities and affairs: | rs, the signature o | of the person app | pointed and | |
| Qu' | y E Signat | My | - | Printe | MCKE d Name | En | |
| | | 7 | FILING FEE: \$2 | 25.00 | 7:77 7:15 7:15 7:15 | | |
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