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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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2019 APR 30 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FL

LLC

VD

DC  
5/15/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Construction Lopez 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:

Yunior Lopez Pupo  
(Name of Person)

Construction Lopez LLC  
(Firm/Company)

5746 Indian Oaks Circle  
(Address)

Louisville KY 40219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yunior Lopez at ( 813 ) 446 0385  
(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  
Construction Lopez, LLC

2. The Articles of Organization were filed on (EIN)-82-3337324 and assigned  
document number L17000228667

3. The delayed effective date the dissolution if not effective on the date of filing: 03/15/19  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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).

SINCE MORE THAN 6 MONTHS THE COMPANY  
DOES NOT WORK OR MAKE ANY PROFIT SO  
I HAVE THE NEED TO CLOSE IT. (THANKS)

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

\_\_\_\_\_

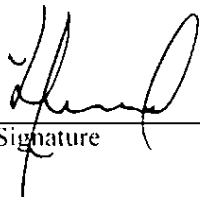
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\_\_\_\_\_

2019 APR 30 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE FL

6. Signature of an authorized person or if there are no members, the signature of the person appointed as  
listed above to wind up the company's activities and affairs:

  
Signature

Junior Lopez  
Printed Name

FILING FEE: \$25.00

FILED