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Office Use Only



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COVER LETTER

TO:

Registration Section

Divi	Division of Corporations					
SUBJECT:	CTE Builders LLC					
0020201.	(Name of Limit	ed Liability Company)				
The enclosed	The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Cherriee Duggan					
	(Name of Person)					
	CTE Builders LLC					
	(Firm/Company)					
	8422 Chason Rd W					
	(Address)					
	Jacksonville, Fl. 32244					
	(City/State and Zip Code)					
For further in	nformation concerning this matter, please call	:				
Che	erriee Duggan	904 483-0255 at ()				
	(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)				
<u>Ma</u>	iling Address:	Street Address:				
Re	gistration Section	Registration Section				
	vision of Corporations	Division of Corporations				
	D. Box 6327	The Centre of Tallahassee				
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is CTE Builders LLC			
2.	The Articles of Organization	on were filed on 12/29/2017	and assigned	
	document number L170002	64272		
3.	Note: If the date inserted in	date the dissolution if not effective on the date of filing: ective date cannot be prior to or more than 90 days later than date document is received for filing) and in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.		
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability comp (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section	
	Company was never actually i	n business. The LLC was established but no l	business transaction ever took place	
and I did not fully get licensed for being a contractor and therefore I am resolving this company due to non				
	activity of this business.		:	
			<u>ਦ</u>	
5.	If there are no members, er	ter the name and address of the person ap	pointed to wind up the company's	
	activities and affairs:	Cherrice Duggan	<u>د ۱</u>	
		8422 Chason Rd W		
		Jacksonville, Fl. 32244		
		904-483-0255		
6. a b	Signature of an authorized ove to wind up the company	person or if there are no members, the sign's activities and affairs:	nature of the person appointed and listed	
/	herse _		RRICE DUGGAN	
	Signature	FILING FEE: \$25.00	Printed Name	

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written claim:	
CTE Builders never conducted any business	
	6
	'
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Co 8422 Chason Rd W	orporations)
Jacksonville, Fl. 32244	
A claim against the above named limited liability company will be barred unless a proclaim is commenced within 4 years after the filing of this notice.	ceeding to enforce the
CHERRIET DUCEGON (MIN)	K_

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing

Printed Name of the Person Filing