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(Requestor'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;		

Office Use Only



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03/10/20--01029--005 ++55.00



MAR 2 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: ABC Costractor	Liability Company)			
(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:			
Ralph Edwin	of Person)			
· (Canala	,			
(Firm/Company)				
9380 S.W. 112	0 ± 5+, dress)			
Misni, Flo. (City/State)	33) 76			
(Ca)ionaci				
For further information concerning this matter, please call:				
Pohle E. Kassor- (Name of Person)	at (786) 650 7869 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
☐ \$25.00 Filing Fee and Certificate of Dissolution	555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section	Street Address: Registration Section			
<u> </u>				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
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 ABC Contextors Cross U.
2.	The Articles of Organization were filed on and assigned and assigned
	document number <u>L 18000016) 13</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (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).
	No pork
5	If there are no members, enter the name and address of the person appointed to wind up the company's
٠.	$\langle \cdot \rangle \setminus \langle \cdot \rangle \leftarrow \langle \cdot \rangle$
	activities and affairs: Kalph-E. Kasac
	9380 S.W. 1127 St.
	Mizori, Fla. 33176
	,
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
\	2, Land Printed Name Printed Name
	FILING FEE: \$25.00
	開發。 JENNIFER FERNANDEZ

Commission # GG 227819
Expires June 12, 2022
Bonded flux Tray Free Insurance #00-385 7-12

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: 48C Contractors 5008 LLC
Document number of Limited Liability Company is:
Date of dissolution was: by State of Florida
Description of information that must be included in a written claim:
When was responsible of entering into contract or doing bois sess with
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Relate E. Kasara 9380 5.0. 112 51. Mieni, Fla. 33176
A claim against the above named limited liability company will be barred unless a proceeding to enforce the

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

claim is commenced within 4 years after the filing of this notice.



JIMMY PATRONIS CHIEF FINANICAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/16/2019

EXPIRATION DATE: 1/15/2021

PERSON: RALPH KASSNER

EMAIL: RKASSNER@BELLSOUTH.NET

FEIN: 824353305

BUSINESS NAME AND ADDRESS:

ABC CONTRACTORS GROUP LLC

9380 SW 112TH STREET

MIAMI, FL 33176

SCOPE OF BUSINESS OR TRADE:

Licensed General Contractor

IMPORTANT, Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filling a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt .. apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt, shall be subject to revocation if, at any time after the filling of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609