L180000 49265

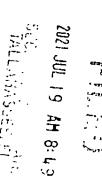
(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



400370078184

U7/19/21--01829--027 **55.00



~ 112.

COVER LETTER

то:	Registration Section Division of Corporations	•		
		STRUCTION GROUP, LLC		
SUBJI	:CT:	(Name of Limited Liability Company)		
	closed Articles of Dissolution and (
Please	return all correspondence concerni	ng this matter to the following:		
	FRIC SWEFT			
		(Name of Person)		
		(Firm Company)		
	3561 SE MICANOPY TERRACE			
		(Address)		
	STUART, FL 34997			
		(City State and Zip Code)		
For fu	rther information concerning this n	natier, please call:		
	ERIC SWEET	772 206-2670		
	(Name of Perso	n) at () [Area Code & Daytime Felephone Number)		
Loclas	ed is a check for the following amount	;		
	□ 825,00 £iling Fee and Certificate o			
	<u>Mailing Address:</u> Registration Section	Street Address: Registration Section		
	Division of Corporations	porations Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

A.

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liabi		13.	界 8 4
The Articles of Organization	on were filed on FEBUARY 23, 2018 and assi	igned	C.
document number 1.180000	49265		
(effective) Note: If the date inserted in	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is this block does not meet the applicable statutory filing requirement ctive date on the Department of State's records.	Specified for filing) nts, this date will not b	be
A description of occurrence 605,0707, Florida Statutes, CONSENT OF ALL MEMB	e that resulted in the limited liability company's dissolution (copy 605,0707 on back cover letter). ERS MARKET HURWALL	pursuant to section	
CONSENT OF ALL MEMBI	IRS Approved Topin	Sacr	7
CONSENT OF ALL MEMBE	RS appoint III		
If there are no members, e activities and affairs:	nter the name and address of the person 30 pointed to wind u ERIC SWFET	ip the company's	
	3561 MICANOPY TERRACE		
	STUART, FL 34997		
o. Signature of an authorized above to wind up the compar	person or if there are no members, the signature of the person is activities and affairs:	son appointed and li	sted
The free	DA BRICEWELT		

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.

Document number of Limited Liability Company is: L18000049265	
Date of dissolution was:	•
Description of information that must be included in a written claim;	,
Name and Address of Claimant	٠.
Amount of Claim	
Whether Claim is Secured or Contingent	
Detailed Description of Type of Claim	
Date Claim Arose	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp ERIC SWEET	orations) -
3561 MICANOPY TERRACE	_
STUART, FL 34997	_

#

Printed Name of the Person Filing