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COVER LETTER

FO: Registration Section Division of Corporations								
LaGreca Contracting, LLC SUBJECT:								
(Name of Limited Liability Company)								
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to								
James C. LaGreca								
(Name of Person)								
LaGreca Contracting, LLC								
(Firm/Company)								
944 NW 9th Court - Suite A								
(Address)							
Miami, FL 33136								
(City/Sta	te and Zip Code)							
For further information concerning this matter, please call:								
Sandy Okonski	518 965-2634 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)							
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 1/22/2019	1.	The name of a limited liabil- LaGreca Contracting, LLC	ty company is			 ,
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 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). The company is dispanded and no longer exists. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Sandy Okonski 6. Signature of an authorized person or if there are no members, the signature of the person appointed and liabove to wind up the company's activities and affairs:	2.	The Articles of Organization	n were filed on	22/2019	and assigned	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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). The company is dispanded and no longer exists. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Sandy Okonski 6. Signature of an authorized person or if there are no members, the signature of the person appointed and liabove to wind up the company's activities and affairs:		document number L1900002	2780			
6. Signature of an authorized person or if there are no members, the signature of the person appointed and li above to wind up the company's activities and affairs:	3.	(effective Note: If the date inserted in the second seco	date cannot be prior t his block does not n	to or more than 90 days later than di meet the applicable statutory fili	ate document is received for filir	ng) Il not be
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6. Signature of an authorized person or if there are no members, the signature of the person appointed and li above to wind up the company's activities and affairs:		The company is dispanded and	no longer exists.			
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James C. LaGreca Printed Name FILING FEE: \$25.00	6. ab	Signature of an authorized pove to wind up the company'	erson or if there a s activities and af	are no members, the signature	e of the person appointed a	— nd listed
Signature Printed Name FILING FEE: \$25.00	6	James Za Za	ec_	James C. LaGreca	<u> </u>	202
FILING FEE: \$25.00	` /	Signature		Prin	ited Name	- - -
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