

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : I20200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

**LLC DISSOLUTION OR WITHDRAWAL
EM CONSTRUCTION OF SWFL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JUN 12 2024
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EM Construction of SWFL, I.L.C.

(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:

Conrad Willkomm, Esq.

(Name of Person)

Law Office of Conrad Willkomm, P.A.

(Firm/Company)

3201 Tamiami Trail N, 2nd Floor

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Conrad Willkomm

(Name of Person)

239

262-5303

at (

_____) _____
(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 Address:

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
EM Construction of SWFL, LLC

2. The Articles of Organization were filed on 09/18/2023 and assigned
document number L23000432865
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).
Voluntary closed. Winding up of the company.

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

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


Erin Muco (Jun 10 2024 17:05 EDT)

Signature

Erin Muco

Printed Name

FILING FEE: \$25.00

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