

L21000189422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

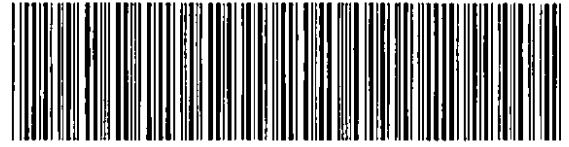
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/23--01013--004 **25.00

FILED
2023 JUN 20 PM 1:38
TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adriana's Helping Hands and More LLC
(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:

Adriana Shorter
(Name of Person)

Adriana's Helping Hands and More LLC
(Firm/Company)

2345 10th St. SW
(Address)

St. Pete, FL 33705
(City/State and Zip Code)

For further information concerning this matter, please call:

Adriana Shorter at (727) 644-9423
(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
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

FILED

2023 JUN 20 PM 1:38

1. The name of a limited liability company is

Adriana's Helping Hands LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 4.23.2021 and assigned

document number L21000189422

3. The delayed effective date the dissolution if not effective on the date of filing: July 12, 2023
(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).

Working full time do not have
time to run business

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

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:

A. Shorfer
Signature

Adriana Shorfer
Printed Name

FILING FEE: \$25.00