

L17000171830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

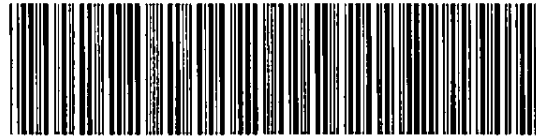
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

DSS
✓

Office Use Only



200304239072

10/10/17 -01040--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT 10 PM 4:19

M. MILLIGAN

OCT 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **2 BOYS WITH A LITTLE HOPE 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:

JOANNE FARRAR

(Name of Person)

JOANNE FARRAR CPA PA

(Firm/Company)

12773 W FOREST HILL BLVD, STE 1201

(Address)

WELLINGTON, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNE FARRAR

(Name of Person)

561 790-2092

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT 10 PM 4:19

1. The name of a limited liability company is
2 BOYS WITH A LITTLE HOPE LLC

2. The Articles of Organization were filed on AUGUST 8, 2017 and assigned
document number L17000171830

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).

Business Purpose Completed

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

11530 WINDSOR BAY PLACE

WELLINGTON, FL 33414

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:


Signature

JULIO ARELLANO

Printed Name

FILING FEE: \$25.00