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(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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K.S.YLY EXAMINER

AUG 2 6 2015

COVER LETTER

TO:	Registration Section
	Division of Corporations

Haworth Holdings 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:

Michael J Hill	
(Name of Person)	
(Firm/Company)	
PO Box 560922	
(Address)	
Miami FL, 33256-0922	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Michael J Hill

,,561

5034521

(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/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is	,	THASSEE, FL		
	Haworth Holdings, LLC		,		
2.	The Articles of Organization were filed or	7/12/2004 and as	signed		
	document number L04000051517				
3.		not be prior to or more than 90 days later than date document is received for filing) t does not meet the applicable statutory filing requirements, this date will not b			
4.	A description of occurrence that resulted i 605.0707, Florida Statutes, (copy 605.0707)	n the limited liability company's dissolution on back cover letter).	n pursuant to section		
	Divorce of partners. Separation of assets.				
	-				
			.		
5.	If there are no members, enter the name are activities and affairs:	nd address of the person appointed to wind	up the company's		
	Martin state of the Control of the C	day, dining, sa tigan and a sa s			
6. lis	Signature of an authorized person or if the sted above to wind up the company's activity	ere are no members, the signature of the per- ties and affairs:	son appointed and		
	11.608/p/0	2			
	Signature Signature	Michael J. Hill Printed Name			

FILING FEE: \$25.00