L0400093953

| (R | equestor's Name | |
|--------------------------|--------------------|-----------------|
| (Ad | ddress) | |
| | ddress) | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (6) | asiness Entity Iva | ille) |
| | | |
| (Document Number) | | |
| () | | , |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2007 AUG -8 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE. FLORID,

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: TRIPLE HSD, LLC (Name of Limited Liability Company) | | | |
| (Name of Lanked Liability Company) | | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| | | | |
| PLEXANDER J. ROSEMURGY II. (Name of Person) | | | |
| (Name of Person) | | | |
| TRIPLE HSD, LLC (Firm/Company) | | | |
| (Firm/Company) | | | |
| 1201 EAST HILLSBORD BLUD. | | | |
| (Address) | | | |
| DEERFIELD BEACH /FL 33441 (City/State and Zip Code) | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Person) at (954) 571-3404 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & 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

2007 AUG -8 PM 4: 14

| 1. The name of a limited liability company is | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|
| TRIPLE HSD, LLC | |
| 2. The Articles of Organization were filed on 12/28/04 L 0400093953 | and assigned document number |
| 3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability company 608.441, Florida Statutes, (copy 608.441 on back cover letter). ALL ASSETS WERE SOLD. | 's dissolution pursuant to section |
| | |
| 5. CHECK ONE: | |
| All debts, obligations and liabilities of the limited liability comp OR- Adequate provision has been made for the debts, obligations and 6. All remaining property and assets have been distributed among its members. | I liabilities pursuant to s. 608.4421. |
| rights and interests. | |
| 7. CHECK ONE: | |
| There are no suits pending against the company in any court. | |
| Adequate provision has been made for the satisfaction of any judentered against it in any pending suit. | dgment, order or decree which may be |
| | |
| Signatures of the members naving the same percentage of membership interest | s necessary to approve the dissolution: |
| Signature | Printed Name |
| As | grove S. Rosemiray I |
| VN VXV 1A. V | OHN TIGHT |
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