

206000077630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

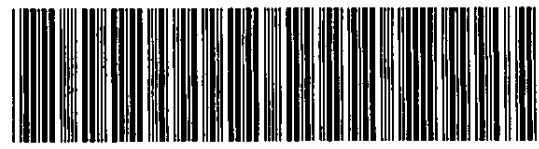
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/19/18--01014--010 **50.00

FILED
18 APR 19 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 655 Herndon, 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:

Andrew J. Orosz, Esq.

(Name of Person)

Hanover Capital Partners, LLC

(Firm/Company)

605 Commonwealth Avenue

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Orosz

(Name of Person)

at (407) 988-1403

(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
18 APR 19 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
655 Herndon, LLC, a Florida limited liability company

2. The Articles of Organization were filed on 08/07/2006 and assigned
document number L06000077630

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).

The Company has concluded its business activities, has no assets, and is no longer conducting

business in the State of Florida, or elsewhere.

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

Andrew J. Orosz

605 Commonwealth Avenue

Orlando, Florida 32803

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

Andrew J. Orosz

Printed Name

FILING FEE: \$25.00