

L06000087335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 MAR 12 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY TAILS, 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:

John Shope
(Name of Person)

(Firm/Company)

10023 BRADWELL PLACE
(Address)

TAMPA FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

John Shope at (813) 928-5658
(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

HAPPY TAILS, LLC

2. The Articles of Organization were filed on 9/1/2006 and assigned
document number LO6000087335

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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 CLOSED

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

John Shope
10023 BRADWELL PLACE
TAMPA FL 33626

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

John R Shope

Printed Name

John R Shope

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA