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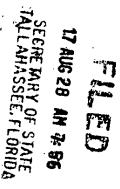
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AUG 29 2017

J-SHIVERS

COVER LETTER

TO:	Registration Section
	Division of Corporations

LHP Investment 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:

Manuel M Guevara				
(Name of Person)				
LHP Investment LLC				
(Firm-Company)				
PO BOX 26806				
(Address)				
Tamarac, FL 33320				
(City/State and Ziry Code)				

For further information concerning this matter, please call:

Angel E Mata
(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 liabili LHP Investment LLC	y company is		
2.	The Articles of Organization	were filed on <u>02-19-2007</u>	and assigned	
	document number L0700001	924		
3.	Note: If the date inserted in th	e dissolution if not effective on the date of ate cannot be prior to or more than 90 days later than s block does not meet the applicable statutory for we date on the Department of State's records.	it date document is received for minik)	
4.	A description of occurrence 605.0707, Florida Statutes, (c	hat resulted in the limited liability company opy 605.0707 on back cover letter).	y's dissolution pursuant to section	
		two rental properties that belonged to the Co		
	····		- AS	
5.	If there are no members, enter activities and affairs:	r the name and address of the person appoi Manuel Mario Guevara	nted to wind up the company	* Condition
	astrones und urians.		3SSE A A S A S A S A S A S A S A S A S A S A	Care Since
				T
			STATE ORIGINAL STATE	
6. lis	Signature of an authorized poted above to wind up the com	rson or if there are no members, the signaturany's activities and affairs:	ure of the person appointed and	
	07 D	Hans	sel H Goverara	
	Signapure	PI INC PER 222 00	rinted Name	