

L07000103671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300119677803

03/10/08--01015--009 **25.00

FILED
08 MAR 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan MAR 11 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSHH ENTERPRISES, 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:

HAROLD SMITH
(Name of Person)

HSHH ENTERPRISES
(Firm/Company)

PO BOX 37208
(Address)

JACKSONVILLE, FL 32236
(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD SMITH at (904) 994-6632
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ 30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 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

08 MAR 10 PM 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

< EIN - 36-4616520
< UC ACT NO: -TALLAHASSEE FLORIDA
(UNEMPLOYMENT)

1. The name of a limited liability company is

HSHH ENTERPRISES, LLC

2. The Articles of Organization were filed on 11/26/07 and assigned document number

LO7000103671

3. The date the dissolution was approved: 3/1/08 - TO GO INTO EFFECT 3/31/08

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

THE OWNER/OPERATOR HAROLD SMITH DECIDED TO WORK
FOR ANOTHER COMPANY AS AN EMPLOYEE. THERE WERE
NEVER ANY EMPLOYEES FOR HSHH ENTERPRISES.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Harold Smith

HAROLD SMITH