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(((H22000150238 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : 120040000173

Phone : (407)298-4646

Fax Number

: (407)297-0588

LLC DISSOLUTION OR WITHDRAWAL HELP INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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FAX AUDIT # HDL 0001500383

	gistration Section vision of Corporations	
UBJECT:	Help Investments LLC	
ODJECI:		d Liability Company)
	r	
he enclose	d Articles of Dissolution and fee(s) are submitte	ed for filing.
lease retur	n all correspondence concerning this matter to t	he following:
	James K. Duert, CPA	
	(Nam	e of Person)
	Small Business Resources USA, Inc.	•
	(Firm	/Company)
	1601 Park Center Drive, Stc. 6A	
	()	Address)
	Orlando, FL 32835	<u> </u>
	(City/State	e and Zip Code)
or further	information concerning this matter, please call:	•
Ja	mes K. Duerr, CPA	407 298-4646
_	(Name of Person)	(Ares Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	·
	5.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Pee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
•	i.	
R D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FAX AUDIT # H 22-000 150238 3

FAX AUDIT # H 22000150238 3

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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 Limited Liability company is being dissolved upon the written consent of all of its members. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 6. Signature of an authorized person or if there are no members, the signature of the person appointed and lis above to wind up the company's activities and affairs: Lee A. Pagett, AMT3R	1.	The name of a limited liability company is Help Investments LLC
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 Limited Liability company is being dissolved upon the written consent of all of its members. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 6. Signature of an authorized person or if there are no members, the signature of the person appointed and lis above to wind up the company's activities and affairs: Lee A. Pagett, AM3R	2.	The Articles of Organization were filed on and assigned
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 Limited Liability company is being dissolved upon the written consent of all of its members. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 6. Signature of an authorized person or if there are no members, the signature of the person appointed and lis above to wind up the company's activities and affairs: Lee A. Pagett, AMT3R		document number L09000089629
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Lee A. Pagett, AM3R		
Lee A. Pagett, AM3R		
Control Name	6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and listed to wind up the company's activities and affairs:
Signature Printed Name		Lee A. Pagett, AM3R
THE TAKE EFF. CTE OF		Signature Printed Name
FILING FEE: 325.00		FILING FEE: \$25.00

FAX AUDIT # H22000 150 238 3