

L1000000 5166

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(Address)

(Address)

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02/27/20--01008--018 \*\*25.00

20 FEB 27 PM 1:49

MAR 20 2020  
MAIL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOWSA LLC

(Name of Limited Liability Company)

20 FEB 27 PM 1:49

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA GREENBERG

(Name of Person)

HOWSA LLC

(Firm/Company)

10900 SANTA FE DRIVE

(Address)

COOPER CITY, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA GREENBERG

407

376-0391

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

RECEIVED  
20 FEB 27 PM 1:49

1. The name of a limited liability company is  
HOWSA LLC

2. The Articles of Organization were filed on 01/14/2010 and assigned  
document number L10000005166

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).

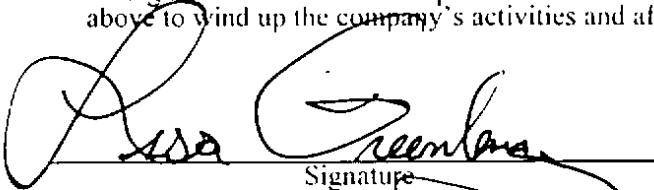
CLOSING OF BUSINESS

CLOSING OF BUSINESS

CLOSING OF BUSINESS

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 listed  
above to wind up the company's activities and affairs:

  
Signature

LISA Greenberg  
Printed Name

**FILING FEE: \$25.00**