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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations

ESMHP, 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:

Alan J. Paoli, Esquire

The Law Office of August C. Paoli, P.A.

1720 Harrison Street, Suite 6CW

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan J Paoli, Esq.

(Name of Person)

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 englosed)

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 ESMHP, LLC
2.	The Articles of Organization were filed on August 17, 2010 and assigned
	document number L10000086608
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).
	All assets of the limited liability company were sold to another entity. The limited liability company shall make
	provision for any debts or obligations, if any, to settle and close the company's affairs.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	ASECRAFIE AND AS
	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
<u> </u>	excluse L. M. Mourough Theodore L. McMorrough
	Signature Printed Name

FILING FEE: \$25.00