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TO:	Registration Section
	Division of Corporations

SUBJECT: Hap Holaday Holdings, 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:

Thomas O. Morgan (Name of Person)		
Hap Holaday Holdings, LLC		
(Firm/Company)	51	21
912 Woodcrest Way	• •	2918 0
(Address)		<u>J</u> <u></u> <u>J</u> <u></u> <u>J</u>
Oviedo, FL 32765		ш
(City/State and Zip Code)	<u>.</u>	2
ther information concerning this matter, please call:	, 	· 33

at (

(Name of Person)

Enclosed is a check for the following amount:

S25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Area Code & Daytime Telephone Number)

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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 liabilit Hap Holaday Holdings, LLC	y company is						
2.	The Articles of Organization	were filed on	a	nd assigned				
	document number	3156						
3.	The delayed effective date th (effective of <u>Note:</u> If the date inserted in th listed as the document's effection	is block does not meet the a	pplicable statutory filing requ		be			
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 Properties which were pr	urchased and placed in th	e name of Hap Holaday H	oldings, LLC were				
	sold October 19, 2018 and the LLC is no longer needed.							
				118 D	1			
					- ۲			
5.	5. If there are no members, enter the name and address of the person appointed to wind up the company's							
	activities and affairs:	Thomas O. Morgan		· · · · · · · · · · · · · · · · · · ·				
		912 Woodcrest Way	<u>-</u>	لائت				
		Oviedo, FL 32765						
6. Jis	Signature of an authorized p ted above to wind up the com	erson or if there are no m pany's activities and affa	embers, the signature of th irs:	e person appointed and				
. (Aund Ma		Thomas O. Morgan					
7	Signature	pan	Printed N	ame				
		FILING FI	EE: \$25.00					