## L110000042913

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

'Office Use Only



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2014 HAR 14 AM 6: 52 SECRETARY OF STATE

MAR 1 8 2013 T. **HAMPTON** 

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divisio	on of Corporations						
SUBJECT:	HERCRAV LLC						
	(Name of Limited Liability Company)						
The enclosed A	rticles of Dissolution and fee(s) are submitt	ed for filing.					
Please return all	l correspondence concerning this matter to	the following:					
	ALLLYN AULOV						
	(Nan	ne of Person)					
	(Firm	n/Company)					
	1900 VAN BUREN ST	UNIT 306B					
	(	Address)					
	HOLLYWOOD, PL 330	)20					
	(City/Sta	te and Zip Code)					
For further info	rmation concerning this matter, please call:						
1 of further line	matter, please can.						
Αμ	LYN AUGOV	at ( <u>954</u> ) <u>732 225 2</u> (Area Code & Daytime Telephone Number)					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a che	ck 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:	STREET/COURIER ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability com	pany is			_·
2. The Articles of Organization were	filed on APRIL 8	2011	_ and assigned	
document numberL110000	42913			
. The delayed effective date the disso	olution if not effective o	n the date of filing 0 days later than date	document is received for filing	<u>;)</u>
A description of occurrence that res     605.0707, Florida Statutes, (copy 60	sulted in the limited liab 05.0707 on back cover le	ility company's d	ssolution pursuant to sec	ction
UNANIMOUS DEASIDA	TO DISSOLVE			_
<u></u>				_
				_
5. If there are no members, enter the ractivities and affairs:	name and address of the	person appointed	to wind up the company	`s 
5. Signature of an authorized person of	or if there are no membe	rs, the signature o	f the person appointed ar	  nd
listed above to wind up the company's	s activities and affairs:			
Auleyn Ala		Aillyn	1 Aulu	_
Managenj Member	FILING FEE: \$	25.00	SECRETARY TALLAHASSE	