

L110000047329

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

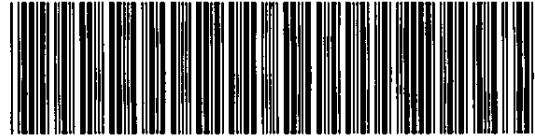
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100260530651

06/05/14--01011--020 \*\*130.00

FILED  
14 JUN -5 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 10 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Helping Hands House  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Delaney  
Contact Person

Firm/Company

12911 SW 147 Lane Rd  
Address

Miami, FL 33186  
City, State and Zip Code

Hodgeskth@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Delaney at (305) 281-8876  
Name of Contact Person Area Code Daytime Telephone Number

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Helping Hands House LLC
2. The document number of the company is L11000047329
3. The effective date the Dissolution was filed is 3/10/2014
4. The revocation of dissolution was authorized on June 2, 2014
5. A copy of the Articles of Dissolution is attached.

Karen Delaney

Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

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

1. The name of a limited liability company is

Helping Hands House

2. The Articles of Organization were filed on April 21, 2011 and assigned

document number L11000047329

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)

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).

No significant profit for 3 years

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Karen Delaney

12911 SW 147 Lane Rd

Miami, FL 33186

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:

Karen Delaney  
Signature

Karen Delaney  
Printed Name

**FILING FEE: \$25.00**