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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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DEC 17 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HRS INVESTMENTS LLC (Name of Limited Liability Company)				
(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:				
YANINA MICULITZKI ESQ. (Name of Person)				
YANINA MICULTZKI P.A. (Firm/Company)				
20801 BISCAYNE BIVN STE 306				
AVENTURA A 33180 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Yanina Micult 34 at (305) 450-1061 (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/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 liab	ility company is	
HRS I	ENVESTMEN	TS //C
		15111
2. The Articles of Organization		' (· · · · · · · · · · · · · · · · ·
document number	10000 5336	8
Note: If the date inserted in	the dissolution if not effective date cannot be prior to or more that this block does not meet the appetive date on the Department of	re on the date of filing: an 90 days later than date document is received for filing) blicable statutory filing requirements, this date will not be State's records.
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited l (copy 605.0707 on back cove	liability company's dissolution pursuant to section er letter).
Meig	er & no mo	ore assets
9		
		· · · · · · · · · · · · · · · · · · ·
5. If there are no members, er	nter the name and address of t	the person appointed to wind up the company's
activities and affairs:	40000	D (1)
	•	CRE CAH
		S = 4 mass
		SSEE
		SSEEF
		ARY OF STA
6. Signature of an authorized listed above to wind up the co	person or if there are no mem	nbers, the signature of the person appointed and
6. Signature of an authorized listed above to wind up the co	person or if there are no men mpany's activities and affairs	nbers, the signature of the person appointed and
6. Signature of an authorized listed above to wind up the co	person or if there are no memmpany's activities and affairs	s:
6. Signature of an authorized listed above to wind up the co	person or if there are no men mpany's activities and affairs	hbers, the signature of the person appointed and signature of the person appointed a

FILING FEE: \$25.00