111000086621

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900262287199

08/14/14--01005--014 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5HB 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:
STEPHEN BELL (Name of Person)
(Firm/Company)
17745 SE 9H ST (Address)
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 779-276 1 (Area Code & Daytime Telephone Number)
(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 liability company is			
SHB LLC			·
2. The Articles of Organization were filed on _	7-13-2011	and assigned	
document numberL1100008062	. 1		
3. The delayed effective date the dissolution if (effective date cannot be prior	not effective on the date of to or more than 90 days later than	filing: 8-31-14 n date document is received for fil	ling)
4. A description of occurrence that resulted in t 605.0707, Florida Statutes, (copy 605.0707 o			section
RELOCATING	OUT OF	FLORIDA	
5. If there are no members, enter the name and	address of the person appoi	nted to wind up the compar	,,,
	address of the person appor	inted to wind up the compar	1y 5
activities and affairs:			
			
			
5. Signature of an authorized person or if there	are no members, the signat	ure of the person appointed	and
listed above to wind up the company's activities	s and affairs:		, L.D.
, RM	_		
1-02001	<u> </u>	EPHEN BG	<u>L</u> C
Signature	P	rinted Name	<u> </u>
T) II	INCEED 635.00		***

FILING FEE: \$25.00