# L11000134131

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		:
608		

Office Use Only



100281799831

03/10/16--01025--004 \*\*30.00

2016 MAR 29 PH 3: UZ

K.SALY EXAMINER MAR 31 —



#### FLORIDA DEPARTMENT OF STATE Division of Corporations



March 11, 2016

HERMAN PHILLIPS 2021 S SHERIDAN RD. LENNON, MI 48449

SUBJECT: HERLYNN ENTERPRISES LLC

Ref. Number: L11000134131

We have received your document for HERLYNN ENTERPRISES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00005107

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HERLYNN ENTER PRISES LLC. (Name of Limited Liability Company)		
(value of Elimital Elability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
HERMAN Phillips (Name of Person)		
(Firm/Company)		
2021 SHERIDAN RP.		
2021 ShERIDAN RD. (Address)  LENNON, NT. 48449		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
AFRMAN Phillips at (989) 413 6004 (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

ANTICLES OF DISSOLUTION
A LIMITED LIABILITY COMPANY  2016 to 1
1. The name of a limited liability company is  HERLYNN ENTERPRISES INC. C. C. C. PM 3:
2. The Articles of Organization were filed on $12-22-2071$ and assigned and assigned $Q_{RHI}^{COMP}$
document number 45 42 40 886 #L[1000134131
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)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
out of Business
BANK Accounts Closed
Voluntary Disobution
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
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:
HERMAN L. Phillips  Signature  Printed Name

**FILING FEE: \$25.00**