

L130000013149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

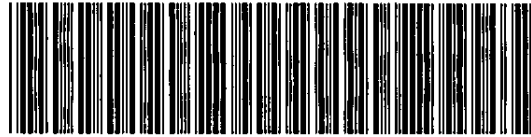
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500257351895

03/05/14--01030--023 **25.00

FILED
2014 MAR -5 PM 12:44
CLERK OF STATE
TALLAHASSEE FLORIDA

MAR 06 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **H2 POWER ECONOMY 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:

OSCAR HORACIO ZAPATA

(Name of Person)

O.Z. ACCOUNTING SERVICES

(Firm/Company)

1680 SW Bayshore Blvd Suite 113

(Address)

Port St. Lucie, FL 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar Horacio Zapata

(Name of Person)

at **772 361-3653**

(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:

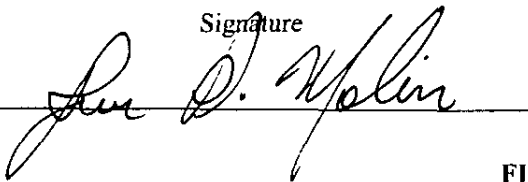
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
H2 POWER ECONOMY LLC
2. The Articles of Organization were filed on 01/25/13 and assigned
document number L13000013149
3. The delayed effective date the dissolution if not effective on the date of filing, 02/14
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).
The original purpose to sell products from California State was imposible to fulfill.
There was no sale of products, therefore I must close the business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
JUAN D. MOLINA
2078 SE West Dunbrooke Cir
Port St. Lucie, FL 34952
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:

Signature



Printed Name

JUAN D. MOLINA

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA