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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Mrs. Good Hin- (Name of Limi	ts LLC ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to	
Belinda Smi Mrs. Good Hint 1877 Daughert Salem, VA (City/St	SLLC mi/Company) Ly Road (Address)
For further information concerning this matter, please cal Belinda Smith (Name of Person)	
Enclosed is a check for the following amount: \$\int \text{S25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability co. Mrs. Good H.							
2.	The Articles of Organization were	•	,	12013		and assig	gned	
	document numberL130	0005	4533	-				
3.	The delayed effective date the dis (effective date et a	OCK GOOS I	ioi meet me	appricable statute	ny minig re	2/2 ocument is requirement	.7/2023 received for filing) s. this date will n	ot be
4.	A description of occurrence that r 605.0707, Florida Statutes, (copy)	esulted i 605.0707	n the limite 7 on back co	d liability comp	oany's diss	solution p	ursuant to section	on
	Never got business y	p and	d fully	operation	ona	due	to time	
	Constraints. Then		,					
5.	If there are no members, enter the	_			•	-	the company	
				44			<u></u>	,
		427	1 Dau	therty Re	<u>d</u>	 -	- : - :::::::::::::::::::::::::::::::::	in .
		Sale	em, Vi	therty Ro	3		EF. FI	:
6. ab	Signature of an authorized person ove to wind up the company's acti	or if the	re are no m d affairs:	embers, the sig	nature of	the persor	1 appointed and	listed
	Belinde Smith						Smith	
	Signature				Printed	Name		

FILING FEE: \$25.00