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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
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SEGIFCIARY OF SAVIEWS DIVISION OF COAT SAVIEWS 14 APR 22 AM 11: 32

J. HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: HHOH 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:	
JAN HASPEK (Name of Person)	
(Name of Person)	
•	
(Firm/Company)	
5820 NE 22nd NAY #602 (Address)	
(Address)	
F+ LAUDERDALE FZ 33306	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JAN HAS Pekl at (954) 210 CH78 (Name of Person) (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:

TO:

Registration Section

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 liabilit HHOH	y company is LLC	·
2. The Articles of Organization	were filed on <u>5-20-13</u> and a	ssigned
document number <u>L 13</u>	000073358	
3. The delayed effective date the (effective d	e dissolution if not effective on the date of filing:	t is received for filing)
4. A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited liability company's dissolution opy 605.0707 on back cover letter).	on pursuant to secti
No Protits -1	oss of money	14 APR
	· · · · · · · · · · · · · · · · · · ·	PR 22
	·	Î
		1: 3 ?
 If there are no members, ente activities and affairs: 	r the name and address of the person appointed to wind	up the company's
	5800 NE 22nd WAY 4	602
	5800 NE 22nd WAY 4 Ft. Lauchordale FL 3	3308
 Signature of an authorized peristed above to wind up the com 	erson or if there are no members, the signature of the peopany's activities and affairs:	rson appointed and
	JAN HASP	ek/
Signature	Printed Name	

FILING FEE: \$25.00