

L13000121177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

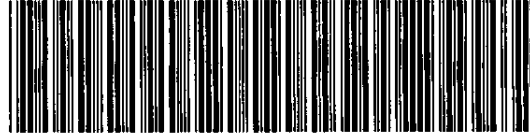
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Bureau DEC 23 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE HHH 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:

SEAN P CAREY
(Name of Person)
TRIPLE HHH LLC
(Firm/Company)
171 OAK GROVE DR
(Address)
ORMOND BEACH FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN P CAREY at (412) 230-7247
(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

TRIPLE HILL LLC

2. The Articles of Organization were filed on 8/27/2013 and assigned

document number L13000021177

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)

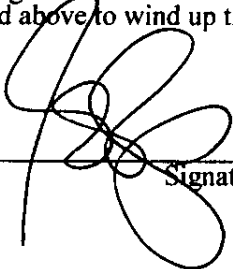
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Lost The Business Due To financial Hardship / Not
making enough money

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

SEAN P Carey
171 Oak Grove Dr
Ormond Beach
FL 32176

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

SEAN P Carey
Printed Name

FILING FEE: \$25.00

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