

L13000136865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

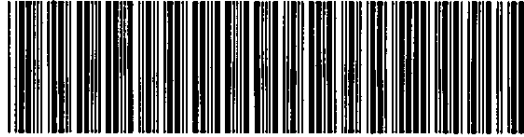
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/15--01026--002 **25.00

FILED
2015 MAR 26 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dhywe/Harvesttime Trust, 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:

Dr. Joseph Escobar

(Name of Person)

Harvesttime Global LLC

(Firm/Company)

225-179 Dr., PH 603

(Address)

Sunny Isles Beach, Florida 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Joseph Escobar

(Name of Person)

561

at (_____) _____

929-0616

(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

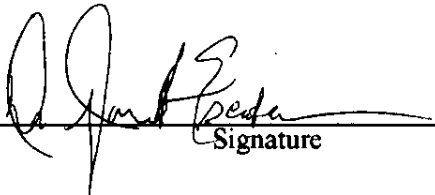
STREET/COURIER ADDRESS:

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
Dhywe/Harvesttime Trust, LLC
2. The Articles of Organization were filed on 9-27-2013 and assigned
document number L13000136865
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).
Purpose of LLC completed.
Voluntarily dissolving with all company affairs being concluded.
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:


Signature

Dr. Joseph Escobar

Printed Name

FILING FEE: \$25.00

2015 MAR 26 PM 3:54
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TALLAHASSEE, FLORIDA

FILED