L13000137238

| (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: | \neg | | | |
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SECRETARY OF STATE

* Summer du 2014

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Happy Tack, (Name of Line | LLC ted Liability Company) |
| The enclosed member, resignation or dissoci- | ation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | his matter to: |
| Jacqueline Milcendea | <u>u </u> |
| 1302 Oxford CT | |
| 2302 OXFORD CT (Address) Safety Navbor FL 34 (City/State and Zip Code) | 1695 |
| For further information concerning this matter | |
| Jacqueline Milcendeau (Name of Contact Person) | at (201) 692-76/4 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida Department of State for: \$\square\$ \$\$ \$55\$ Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

CR2E079 (2/14)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STAT Division of Corporations

February 11, 2014

JACQUWLINE MILCENDEAU 2302 OXFORD CT SAFETY HARBOR, FL 34695

SUBJECT: HAPPYJACK, LLC Ref. Number: L13000137238

We have received your document for HAPPYJACK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must be filed before a Statement of Termination can be filed. Proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 814A00003091



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605,0216, Florida Statutes)

| | imited liability company as it a Happy Jack, LLC | ppears on the records of the Florid | ia Department | |
|---|--|--------------------------------------|----------------------------|--|
| 11300 | 0137238 | ned to this limited liability compar | | |
| of this limited liab resignation in write | me of Person Resigning) MOJOGEY Print Title) | nited liability company has been n | 14 MAR -5 F SECRETARY (| |
| Filing Fee: | \$25.00 (Required) \$30.00 (Ontional) | | | |