

LI3000138217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

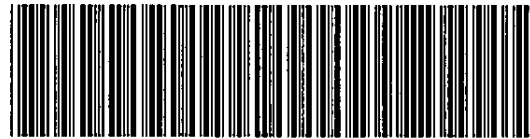
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2014 APR 21 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guiton APR 24 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hernando County Smart Saver 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:

Robert Wasielewski  
(Name of Person)

(Firm/Company)

P.O. Box 5037

(Address)

Spring, Hill FL 34611  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Wasielewski at (352) 442-6550  
(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

FILED

2014 APR 21 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Hernando county Smart Saver LLC

2. The Articles of Organization were filed on October 1, 2013 and assigned

document number L13000138217

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).

change of mind

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

Robert Wasielewski

P.O. Box 5037

Spring Hill, FL 34611

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:

Robert Wasielewski  
Signature

Robert Wasielewski  
Printed Name

FILING FEE: \$25.00