# 14400094506

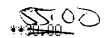
| (Re                                     | equestor's Name)  |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Ad                                     | ldress)           |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
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SECRETARY OF STATE
ALLAHASSEF, FI DAIS

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

## Helping Hands Tutoring

(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:

| Winifred S. Sherrill   |  |
|------------------------|--|
| (Name of Person)       |  |
| Helping Hands Tutoring |  |
| (Firm/Company)         |  |
| 1362 Riverbirch Lane   |  |
| (Address)              |  |

Jacksonville, Fl. 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

## Winifred Sherrill

.,904

728-5988

(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 liab                                | ility company is                                      |  |   |     |
|--|---|--|---|-----|
| Helping Hands Tutoring                                       |   |  |   |     |
| 2. The Articles of Organization                              | on were filed on 6/12/201                             | 14   | and assigned  |     |
| document number L140000                                      | 094506  |  |   |     |
|  | this block does not meet th                           | e applicable statutory filing                | g: 5/10/2018 document is received for filing) requirements, this date will not be |     |
| 4. A description of occurrence 605.0707, Florida Statutes,   | e that resulted in the limi<br>(copy 605.0707 on back | ited liability company's d<br>cover letter). | lissolution pursuant to section   |     |
| Poor marketing led to a defici                               | ent number of students to n                           | naintain and operate the LLG                 | C.  |     |
| 5. If there are no members, en activities and affairs:       | nter the name and address                             | s of the person appointed                    | to wind up the company's  |     |
|  | 1362 riverbirch lane                                  |  | 2018<br>1ALL  |     |
|  | jacksonville, fl. 32207                               | · · · · · · · · · · · · · · · · · · ·        | APR 2   | 7   |
| 6. Signature of an authorized listed above to wind up the co | person or if there are no<br>mpany's activities and a | members, the signature of ffairs:            | 4 Pa  | LED |
| Winfred.   | Sherrill  | Winifred Sherrill                            | d Name  |     |

FILING FEE: \$25.00