

214000097725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

SEP 18 2014

7.1.1.1.1.1

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SEP 10 PM 2 39  
FILED

09/10/14--01023--002 \*\$25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home4Mom 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:

Miriam Roth  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

600 Bellflower Rd  
(Address)

Langhorne, PA 19047  
(City/State and Zip Code)

For further information concerning this matter, please call:

Miriam Roth at (215) 499-1945  
(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

FILED  
2014 SEP 10 PM 2:39  
CLERK OF COURT  
TALLAHASSEE, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Homeymom LLC

2. The Articles of Organization were filed on 06/18/2014 and assigned

document number L14000097725

3. The delayed effective date the dissolution if not effective on the date of filing: 9-8-14  
(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).

Not doing business

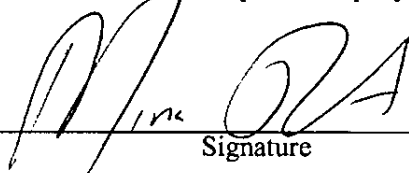
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Miriam Roth

600 Bellflower Rd

Langhorne, PA 19047

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

Miriam Roth  
Printed Name

**FILING FEE: \$25.00**