

L14000129256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/26/15--01022--017 **25.00

FILED

2015 MAR 26 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harvesttime-Dhwy Oil Trust London, 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, Icelyn Gray

(Name of Person)

Harvesttime Ministries Worldwide, Inc.

(Firm/Company)

9611 North US Highway 1, Ste. 185

(Address)

Sebastian, Florida 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

Icelyn Gray

(Name of Person)

772

202-0657

at (

) (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

2015 MAR 26 AM 11:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
Haresttime-Dhwe Oil Trust London, LLC

2. The Articles of Organization were filed on 8/18/2014 and assigned
document number L14000129256

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)

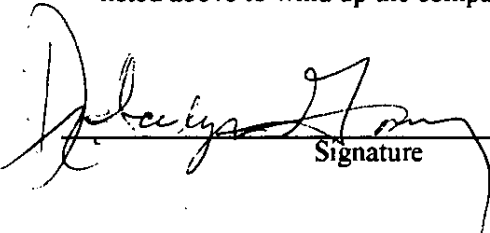
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

We are voluntarily dissolving the LLC with all company affairs being concluded.

Purpose of LLC has been completed.

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. Icelyn Gray
Printed Name

FILING FEE: \$25.00