

214 000 175433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

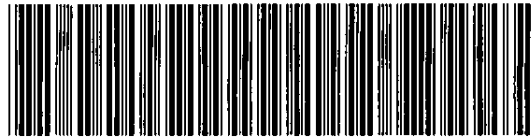
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300279881683

RECEIVED
DEPARTMENT OF REVENUE
15 DEC 15 PM 2:06
MULTI-MEDIA
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

MAILED
15 DEC 15 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

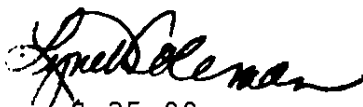
DEC 16 2015
J SHIVERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 912251 4722080

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : December 15, 2015

ORDER TIME : 10:55 AM

ORDER NO. : 912251-005

CUSTOMER NO: 4722080

DOMESTIC FILINGS

NAME: HH-JACKSONVILLE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HH-Jacksonville, 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:

Paul J. Cambria, Jr., Esq.

(Name of Person)

Lipsitz Green Scime Cambria LLP

(Firm/Company)

42 Delaware Avenue, Suite 120

(Address)

Buffalo, NY 14202

(City/State and Zip Code)

For further information concerning this matter, please call:

Dana Carroll

(Name of Person)

at (716) 849-1333 x336

(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 liability company is

HH-Jacksonville, LLC

2. The Articles of Organization were filed on November 12, 2014 and assigned

document number L14000175433

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

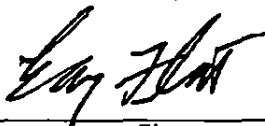
The consent of all the members.

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

15 DEC 15 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Larry Flynt

Printed Name

FILING FEE: \$25.00