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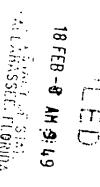
(Re	equestor's Name)		
(Ad	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

SUBJECT: Hender Sou Global Solutions, LLC (Name of Limited Liability Company)				
(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. Levoua Theresa Henderson				
(Name of Person)				
(Firm-Company)				
8750 S. Ocean Dr. #1734				
(Address)				
Jenson Beach Florida 34957				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Dr. L. T. Hender Son at (412) 833-4338 (Area Code & Daytime Telephone Number)				
(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S25 00 Filing Fee and Certificate of Dissolution ES55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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 Henderson Global Solutions, LLC			
2. The Articles of Organization were filed on 4/1/15 and assigned			
document number <u>L/5000057589</u>			
3. The delayed effective date the dissolution if not effective on the date of filing: Feb. 1 2018 (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 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). Business failed a husband died.	1		
5. If there are no members, enter the name and address of the person appointed to wind up the company's			
activities and affairs: Dr. L. T. Hender Sou			
Jensen Beach, FL 34957	A A A A A A A A A A A A A A A A A A A	18 FEB -	
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:	SEE, FL	AM.	
Dr. Le voua Theresa Hend. Signature Dr. Le voua Theresa Hend.	26.20	6 4 6	Ċ

FILING FEE: \$25.00