

L15000190821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

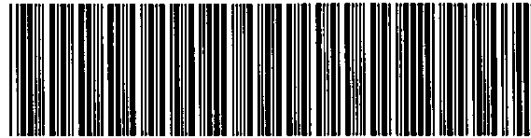
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Helpin Hands of Brevard LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stacey Dehn

\_\_\_\_\_  
Contact Person

Helping Hands of Brevard

\_\_\_\_\_  
Firm/Company

225 S Tropical Trail #619

\_\_\_\_\_  
Address

Merritt Island Florida 32952

\_\_\_\_\_  
City, State and Zip Code

helpinghandsofbrevard@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Dehn

\_\_\_\_\_  
Name of Contact Person

at ( 321 ) 313-9861

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

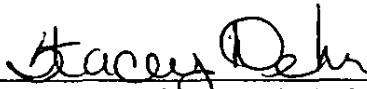
**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Helping Hands of Brevard LLC
2. The document number of the company is L15000190821
3. The effective date the Dissolution was filed is September 8, 2016
4. The revocation of dissolution was authorized on September 16, 2016
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED  
Sep 08, 2016  
Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:  
**HELPING HANDS OF BREVARD, LLC**

The document number of the limited liability company: L15000190821

The file date of the articles of organization: November 10, 2015

A description of occurrence that resulted in the limited liability company's dissolution:  
NO LONGER AN OPERATIONAL BUSINESS.

The name and address of the person appointed to wind up the company's activities and affairs:  
**STACEY DEHN  
225 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 UN**

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **STACEY DEHN**

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Electronic Signature of authorized person