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ر ، الارد ، **COVER LETTER** 

TO: Registration Section Division of Corporations

**SUBJECT:** Hanover Custom Bryan Street, 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:

Andrew J. Orosz, Esq.

(Name of Person)

## Hanover Capital Partners, LLC

(Firm/Company)

## 605 Commonwealth Avenue

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Orosz

(Name of Person)

988-1403

(Area Code & Daytime Telephone Number)

□ \$55.00 Filing Fee, Certificate of Dissolution &

Certified Copy (additional copy is enclosed)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee and Certificate of Dissolution

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 2019

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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1. The name of a limited liab Hanover Custom Bryan St	ility company is reet, LLC, a Florida limited liability company
2. The Articles of Organization	on were filed on 11/25/2016 and assigned
document number	196942
(effectiv Note: If the date inserted in	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ctive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
The Company has conclude	ed its business activities, has no assets, and is no longer conducting
<ul> <li>business in the State of Flo</li> <li>5. If there are no members, en activities and affairs:</li> </ul>	rida, or elsewhere.
	605 Commonwealth Avenue
	Orlando, Florida 32803
6. Signature of an authorized listed above to wind up the con	person or if there are no members, the signature of the person appointed and mpany's activities and affairs:
Cada On	Andrew J. Orosz
Signature	Printed Name

FILING FEE: \$25.00