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<u>LIS000</u>	208448
(Requestor's Name) (Address) (Address)	100285541511
(City/State/Zip/Phone #)	05/11/1601006022 **25.00
Certified Copies Certificates of Status Special Instructions to Filing Officer:	16 HAY IT MIRE
Office Use Only	

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 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:

HAROLD HOLLAN (Name of Person)	010
(ivame of reison)	
(Firm/Company)	
316 BAYTREE	BLUD
(Address)	
TAVARES FL 32	178
(City/State and Zip Code)	

For further information concerning this matter, please call:

636-2907 HAROLO HOLI (Name of Person) 352 HOLLAND 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)

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

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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

HDGM, LLC

2. The Articles of Organization were filed on _______ DEC_____ IS_____ and assigned

document number _L 15000208448

- 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 DID NOT MATCRIALIZE 5. If there are no members, enter the name and address of the person appointed to wind up the company HAROLD HOLLAND activities and affairs: 316 BAYFREE BLUD တ္ခံ TAVARES FL 3277 63 œ

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:

Harold HAROL F. HOLLAND Printed Name

FILING FEE: \$25.00