L160000 30231

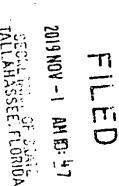
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Y SULKER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

HHSM I, 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:

Scott Shapiro				
(Name of Person)				
Brooklane Development, LLC				
(Firm/Company)				
301 West Platt Street, Suite 671				
(Address)				
Tampa, FL 33606				

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Shapiro at (770) 378-9695
(Name of Person) (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 HHSM I, LLC		
2.	The Articles of Organization were filed on Februa	ary 12, 2016 and assigned	
	document number <u>L16000030231</u>		
3.	The delayed effective date the dissolution if not e (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will no	ot b
4.	A description of occurrence that resulted in the lii 605.0707, Florida Statutes, (copy 605.0707 on bac	mited liability company's dissolution pursuant to section cover letter).	on
	The entity has disposed of all assets along with any liab	pilities. The entity has ceased all operations.	
	This dissolution was approved by the Members.		
5.	If there are no members, enter the name and addressectivities and affairs:	2. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
		0: 47 0RIDA	
6. lis	Signature of an authorized person or if there are nated above to wind up the company's activities and	o members, the signature of the person appointed and affairs:	
	Lott Shupi	Scott Shapiro, as Manager	
	Signature	Printed Name	

FILING FEE: \$25.00