

L16000030231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

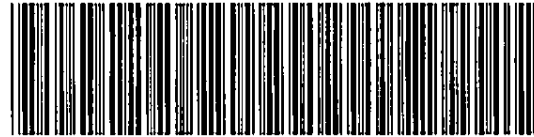
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HHSM I, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination 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

scott@lminv.com

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

For further information concerning this matter, please call:

Scott Shapiro at (770) 378-9695
Name of Person Area Code Daytime Telephone Number

STREET/COURIER 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, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:


FIRST: The name of the limited liability company is: HHSM I, LLC

SECOND: The Florida Document number of the limited liability company is: L16000030231

THIRD: The date of filing of the initial articles of organization is: February 12, 2016

FOURTH: The date of filing of the dissolution is: November 1, 2019

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Scott Shapiro, as Manager

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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