

116000157642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

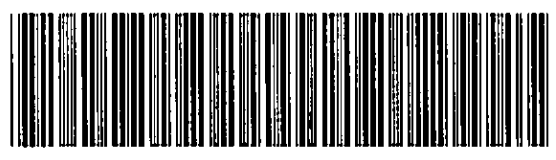
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/18--01009--022 **25.00

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2018 JUN -4 A 10:14

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6/5/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hearst And Flowers Silk Flowers Made With Love
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BABARA KESSLING
(Name of Person)
OWNER HEARST AND FLOWERS
(Firm/Company)
4337 ELLINWOOD BLVD
(Address)
PALM HARBOR FL 34685
(City/State and Zip Code)

2019 JUN -4 A 10:43

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For further information concerning this matter, please call:

BABARA KESSLING at (772) 401 1729
(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

HEART AND FLOWERS GIVE FLORALS MADE WITH LOVE

2. The Articles of Organization were filed on _____ and assigned

document number L 16 000 157642

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

OWNER CONTRACTED ILLNESS AND HAD TO CEASE OPERATION

OWNER IS TOO SICK TO WORK BUSINESS CLOSED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

NOELAN KESSLING

4337 ELLWOOD BLVD

PALM BEACH FL 33485

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:


Signature

NOELAN KESSLING
Printed Name

FILING FEE: \$25.00