

L17000 116847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400326493744

03/25/19--01032--028 **25.00

R. WHITE

APR 26 2019

FILED
2019 APR 25 PM 12:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2019

CAMYE DUDOVITZ
556 FORE DR
BRADENTON, FL 34208

SUBJECT: HIS LOVE COMPANY, LLC
Ref. Number: L17000116847

We have received your document for HIS LOVE COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The notice of dissolution cannot be filed for an active LLC. It can be filed as part of articles of dissolution or after the dissolution. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 819A00006772

RECEIVED
2019 APR 23 PM 3:40
SECRETARY
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HIS LOVE COMPANY, 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:

CAMYE DUDOVITZ

(Name of Person)

(Firm/Company)

556 FORE DR

(Address)

BRADENTON, FL 34208

(City/State and Zip Code)

For further information concerning this matter, please call:

TOM SMITH

(Name of Person)

at (**727**) **271-3258**

(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**

FILED

1. The name of a limited liability company is

HIS LOVE COMPANY, LLC

2019 APR 25 PM 12:32

2. The Articles of Organization were filed on 05/26/17

SECRET FILE
and assigned 12, FL

document number L17000116847

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).

COMPANY HAS DISCONTINUED BUSSINESS

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

556 FORE DR

BRADENTON, FL 34208

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

CAMYE DUDOVITZ

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HIS LOVE COMPANY, LLC

Document number of Limited Liability Company is: L1700116847

Date of dissolution was: 3-1-2018

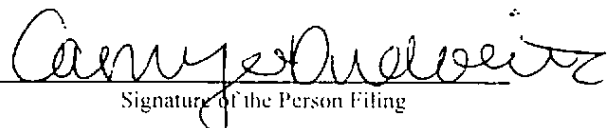
Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

C. DUDOVITZ
556 FORE DR
BRADENTON, FL 34208

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CAMYE DUDOVITZ
Printed Name of the Person Filing


Signature of the Person Filing