## L17000180489

|                         | <u>-</u>            |           |
|-------------------------|---------------------|-----------|
| (R                      | equestor's Name)    |           |
| (A                      | ddress)             |           |
| (A                      | ddress)             |           |
| (C                      | ity/State/Zip/Phone | #)        |
|                         |                     | MAIL      |
| (B                      | usiness Entity Nam  | e)        |
| (D                      | ocument Number)     |           |
| Certified Copies        | Certificates        | of Status |
| Special Instructions to | o Filing Officer:   |           |
|                         |                     |           |
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|                         | Office Use Only     | 4         |
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, 31MMONS APR 1 3 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2021

GLENN HOLLIS 594 DOLPHIN AVE SE ST PETERSBURG, FL 33705

SUBJECT: HOLLIS ENTERPRISE II LLC Ref. Number: L17000180489

We have received your document for HOLLIS ENTERPRISE II LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 421A00004704

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www.sunbiz.org

Division of Comparations DO ROY 6227 Tallahasaaa Florida 22214

## **COVER LETTER**

TO: **Registration Section** Division of Corporations

SUBJECT: HOLLIS ENTERPRISE // 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:

GLENN E Hours (Name of Person) HOLLIS ENTERPRISE 11 LAC (Firm/Company) 594 DOLPHIN AVE SE PETERSBURG FLORIDA 33705 (City/State and Zip Code) 51

For further information concerning this matter, please call:

at (727) 821-1213 (Area Code & Daytime Telephone Number) GLENN

Enclosed is a check for the following amount:

S25.00 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 Address: **Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

|    |  | ARTICLES OF DISSOLUTION<br>FOR    |           |                |   | ، بن ،<br>بر بر ه                       |                                 |  |
|----|--|-----------------------------------|-----------|----------------|---|---|---------------------------------|--|
|    |  | FOF<br>A LIMITED LIABIL           | ÎTY C     | OMPANY         | <sup>7</sup> 2021 MAF                             | 217 P#                                  | 1 1:05                          |  |
| ١. | 711  |                                   |           |                | <u>.</u>  |   |                                 |  |
| 2. | The Articles of Organization   |                                   |           |                |   |   |                                 |  |
|    | document number  |                                   | -         |                |   |   |                                 |  |
| 3. | The delayed effective date the<br>(effective d<br><u>Note:</u> If the date inserted in the<br>listed as the document's effecti | is block does not meet the a      | applicab  | le statutory f | iling: <u>1</u><br>date documen<br>iling requiren | 19 21<br>t is received<br>tents, this o | for filing)<br>date will not be |  |
| 4. | A description of occurrence t<br>505.0707, Florida Statutes, (c  | opy 605.0707 on back cc           | over lett | er).           |   |   |                                 |  |
|    |  | Covin - 19                        |           | PANDE          | MIC   |   |                                 |  |
|    |  |                                   |           |                |   |   |                                 |  |
|    |  |                                   |           |                |   |   |                                 |  |
|    |  |                                   |           |                |   |   |                                 |  |
| 5. | If there are no members, ente activities and affairs:  | r the name and address of GLann 1 | 1         | • •            | nted to wind                                      | •                                       |                                 |  |
|    |  | 594 D.L                           |           |                |   |   |                                 |  |
|    |  | 594 Dol<br>ST Peters              | Bur       | 9,E            | Lorior  |   | 35725                           |  |
|    |  |                                   |           |                |   |   |                                 |  |

• • • •

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:

flem & Halle CTLENIN E. Hocus Printed Name

FILING FEE: \$25.00