

217000246967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

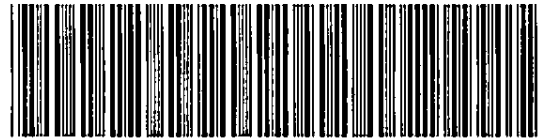
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/18--01018--018 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 23 PM 3:32

K. SALY
JAN 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTL Lovelace 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:

Helen Lovelace
(Name of Person)

HTL Lovelace LLC
(Firm/Company)

1972 Gap Blvd.
(Address)

Chipley Florida 32428
(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Lovelace at (850) 773-2730
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 23 PM 3:32

1. The name of a limited liability company is

HTL Lovelace LLC

2. The Articles of Organization were filed on November 30, 2017 and assigned

document number L17000246967

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).

Changed my mind about starting a vacation
rental business.

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

Helen Lovelace

1972 Gap Blvd.

Chipley, FL 32428

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:

Helen Lovelace

Signature

Helen Lovelace

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 23 PM 3:32

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: HTL Lovelace LLC

Document number of Limited Liability Company is: L 17000246967

Date of dissolution was: ^{this is} Date received.

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

No claim
Was to take effect 1-1-18. Changed my
mind about starting business.

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

Helen Lovelace
1972 Gap Blvd.
Chipley, FL 32428

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.

Helen Lovelace
Printed Name of the Person Filing

Helen Lovelace
Signature of the Person Filing