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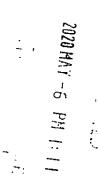
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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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O SIMMONS MAY 2 0 2020

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Heavenly Home Solutions LLC (Name of Limited Liability Company)					
) (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:					
Jennifer A, LEITZ (Name of Person)					
(Name of Person)					
(Firm/Company)					
310 Oak Park Place					
Casselberry, FL 32707					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Jennifer A. LEITZ at (407) 808-2116 (Name of Person) (Area Code & Daytime Telephone Number)					
(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:	Street Address:				
Registration Section	Registration Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ilitu aammanu is		2020 MAY -6 PH 1: 11
		Solutions	LLC
2. The Articles of Organizati	on were filed on _	4/30/20	19 and assigned
document number			
3. The delayed effective date (effecti Note: If the date inserted in listed as the document's eff	i this block does not	meet the applicable statutor	of filing: 5/1/2020 han date document is received for filing) y filing requirements, this date will not be
4. A description of occurrence 605,0707, Florida Statutes.	ce that resulted in the copy 605.0707 or	he limited liability compa n back cover letter).	any's dissolution pursuant to section
NO BUSI		CONDUCTE	
5. If there are no members, e activities and affairs:	nter the name and a	address of the person app	ointed to wind up the company's
	Jenn	ifer A.	LEITZ
	310	Oak Par	K Place
	Casse	iberry,	FL 32707
6. Signature of an authorized above to wind up the compan		1 '	ature of the person appointed and liste
Dennider a	Letto	JENNIF	ER A LEITZ

FILING FEE: \$25.00

Printed Name