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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

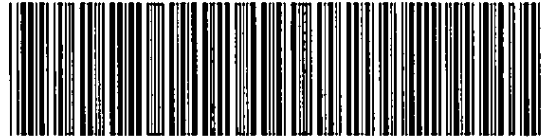
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 JUL 17 PM 4:11

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JUL 29 2020

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** H. Silverstein CBD, 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:

**TO:** Kathy Munkelwitz

(Name of Person)

**BY:** Suplee Shea Cramer & Rocklein PA

(Firm/Company)

800 S Osprey Avenue

(Address)

Sarasota FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Munkelwitz

941

366-3600

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2020 JUN 17 PM 4:11  
CLERK OF THE COURT  
JULY 17 2020

1. The name of a limited liability company is  
H. Silverstein CBD, LLC

2. The Articles of Organization were filed on 05/07/2019 and assigned  
document number L19000124183

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).  
No longer doing business.

No longer doing business.

No longer doing 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: Eileen Milligan

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:

Eileen Milligan  
Signature

Eileen Milligan

Printed Name

**FILING FEE: \$25.00**