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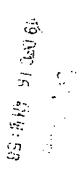
(R	Requestor's Name)	
(A	ddress)	
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Α)	ddress)	
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name	e)
(0	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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DEC 1 6 2019 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: 5/ Verbreegan	WHPLLC Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
	MAR of Person) 2-MHP LLC Company)
925 Cheney Hu	dress)
THESNITE SI (City/State)	32780 and Zip Code)
For further information concerning this matter, please call:	
Name of Person)	at (<u>321</u>) <u>537</u> 8539 (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	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

1.	The name of a limited liability company is Silverbreeze MHP CC
2.	The Articles of Organization were filed on $\frac{8/os/2cl}{2}$ and assigned
	document number
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.
6	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707. Florida Statutes, (copy 605.0707 on back cover letter).
-	Need to remstate original, was not aware
	Of this a innocent Mistake
-	the state of the s
-	
-	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
i	activities and affairs: LISA DEMAR.
6. : abc	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
S.	
\sim	
K	M. C. DIMAR G
<u>X</u>	Signature Printed Name E B T
<u>X</u>	Signature Printed Name Printed Name FILING FEE: \$25.00