L19000 200 530

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
3519		

Office Use Only



500342435975

03/23/20--01022--009 **25.00



2020 APR 23 AM 8: 12



APR 2 8 2020 S. YOUNG



2020 /. 1 10 11 7:43

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2020

ANGELA HOPE GAINES HOPE REALTY GROUP 2937 KERRY FOREST PARKWAY STE B TALLAHASSEE, FL 32309

SUBJECT: HOPE REALTY GROUP, LLC

Ref. Number: L19000200530

We have received your document for HOPE REALTY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

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.

Letter Number: 820A00007395

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations			
SUBJECT: Hope Really Group 2-1 C (Name of Liphted Liability Company)			
(Name of Lighted Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Angela Hope Glaines (Name of Person)			
HOPE RELLY GVOUP			
2937 Kerry Forest Parkway Suit2B			
1 all ahussel, FC. 32309 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Hope Gaines at (S50) 322-2897 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is p-check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution 2 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 of	• •	
Hope Keelty Gira	up 2LC	
2. The Articles of Organization we	ere filed on August 6, 2019 and assigned	
document number <u>L190</u>	00200530	
Note: If the date inserted in this b	dissolution if not effective on the date of filing: $8-b-19$ e cannot be prior to or more than 90 days later than date document is received for filing) block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.	be
 605,0707, Florida Statutes, (cop 	at resulted in the limited liability company's dissolution pursuant to section by 605,0707 on back cover letter).	
I planned to Sto	art my own Red Estate Company	
and ended up low	sing another company. Therefore I	
red to diccolum	The 110.	
1 1000 10 00.550 1 No		
5. If there are no members, enter to activities and affairs:	the name and address of the person appointed to wind up the company's Argelu Hipe Gaines	
6. Signature of an authorized persabove to wind up the company's a	son or if there are no members, the signature of the person appointed and listetivities and affairs:	sted
	Anych Hope Gaines &	
Signature	Printed Name Ap AP R	
-	FILING FEE: \$25.00	
		2 3

Notice of Limited Liability Company Dissolution

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: Hope Real	14 Group LLC
Document number of Limited Liability Company is:	
Date of dissolution was: $8/6/26/9$	
• 1	1 .
Description of information that must be included in a writt-	en claim:
No Claims have been made.	
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
2931 Kerry Firest Parkwa Tallahussee, Fr. 32309	of Suite 2B
Tallahissee, M. 32309	<u></u>
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this r	• •
Aryla Ause Gaines	
Printed Name of the Person Filing	Signarile of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00