

L19000243760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

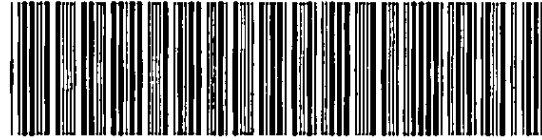
(Business Entity Name)

(Document Number)

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

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09/08/22--01012--023 \*\*25.00

2022 SEP -6 PM 1:09  
STATE OF CONNECTICUT  
REGISTRY OF DEEDS

*Dissolution*

5/11/22  
D. CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

HAPPI LADI BOOKS LLC

SUBJECT: \_\_\_\_\_  
(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:

SANDRA E BENJAMIN

(Name of Person)

HAPPI LADI BOOKS LLC

(Firm/Company)

8892 SE 132ND LOOP

(Address)

SUMMERFIELD FL 34491

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Benjamin at (352) 816 4149

(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

SEP 6 2022

2022 SEP -6 PM 1:09

SEP 6 2022

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is MAPI Lady Books LLC

2. The Articles of Organization were filed on 9-26-2019 and assigned document number 19000243760

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).  
My Macular Degeneration has progressed to the point that I am unable to continue my on-line book 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Sandra E Benjamin SANDRA E. Benjamin  
Signature Printed Name

FILING FEE: \$25.00

2022 SEP -6 PM 1:09  
4000