

L20000135566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

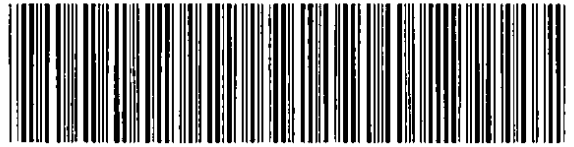
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SECRETARY OF STATE
2023 JUN 14 PM 4:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME LEARNING SUPPORT SYSTEMS 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:

DR. SIMONE T. LEWIS

(Name of Person)

(Firm Company)

7103 MIMOSA WAY

(Address)

TAMARAC, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Simone T. Lewis

954

900-6089

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

1. The name of a limited liability company is
HOME LEARNING SUPPORT SYSTEMS LLC

2. The Articles of Organization were filed on 05/19/2020 and assigned
document number L20000135566

3. The delayed effective date the dissolution if not effective on the date of filing: 5/25/2023
(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).

By unanimous consent of all members.

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:

DocuSigned by:

Dr. Simone T. Lewis

482200043071428

Signature

Dr. Simone T. Lewis

Printed Name

FILING FEE: \$25.00

FILED STATE
DEPARTMENT OF STATE
2023 JUN 14 PM 4:17