k21000502723

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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02/14/22--01015--001 **25.00

2022 FEB | 4 AM 7: 46
SECRELARY OF STATE

O SIMMONS FEB 2 4 2022

COVER LETTER

| TO: Registration Section Division of Corporations | e • | | | | |
|--|---|---------------------------------|--|--|--|
| BHD Solutions LLC | | | | | |
| SUBJECT: (Name of Limited Liability Company) | | | | | |
| | | | | | |
| The enclosed Articles of Dissolution and fee(s) are submitt | ted for filing. | | | | |
| Please return all correspondence concerning this matter to | the following: | | | | |
| Tonya Bush | | | | | |
| | ne of Person) | | | | |
| | · | | | | |
| (Firm/Company) | | | | | |
| 317 Kellet Way | | | | | |
| | Address) | | | | |
| Saint Johns FL 32259 | | | | | |
| (City/Sta | te and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | | |
| Tonya Bush | 904 | 3776069 | | | |
| (Name of Person) | at (| ode & 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: | Street Address | | | | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2022 FEB 14 AM 7: 46

| The name of a limited liab BHD Solutions LLC | ility company is | SECRETARY OF STATE TALLAHASSEE, FL |
|--|--|--|
| 2. The Articles of Organizati | on were filed on 11/23/2021 | and assigned |
| document number L21000 | 502723 | |
| Note: If the date inserted in | the dissolution if not effective on the day date cannot be prior to or more than 90 days la this block does not meet the applicable state ective date on the Department of State's reco | tutory filing requirements, this date will not t |
| 605.0707, Florida Statutes, | te that resulted in the limited liability co (copy 605.0707 on back cover letter). | impany's dissolution pursuant to section |
| Covid across all parties | | |
| Covid across all parties | | |
| 0 11 11 | | . |
| Covid across all parties | | |
| | | |
| 5. If there are no members, e | nter the name and address of the person | appointed to wind up the company's |
| activities and affairs: | Tonya Bush | · · · · · · · · · · · · · · · · · · · |
| | 317 Kellet Way | |
| | St. Johns FL 32259 | |
| | | |
| 6 Signature of an authorized | parvan or if there are no members, the | signature of the person appointed and lis |
| above to wind up the compan | y's activities and affairs: | signature of the person appointed and its |
| Longalbuch | Tor | rya Bush |
| Mula budi | FILING FEE: \$25.00 | // Printed Name |
| - () | | |