L23000094379

(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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2024 DEC 17 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HD SMART GLASS USA, 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:

MAHDI MUSLEEM
(Name of Person)

(Firm/Company)

4395 Saint Johns Parkway
(Address)

Sanford FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

MAHDI MUSLEEM at (407) 4307779
(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

FILED

2024 DEC 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
HD SMART GLASS USA, LLC

2. The Articles of Organization were filed on 02/21/2023 and assigned

document number L23000094379

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).
Closed the business down.

Closed the business down.

Closed the business down.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Mahdi Mosleem

4395 Saint Johns Pkwy,

Sanford FL 32771

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:

Mahdi Mosleem
Signature

Mahdi Mosleem
Printed Name

FILING FEE: $25.00