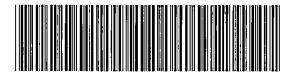
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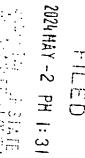
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Max HORNE						

Office Use Only



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05/02/24--01035--017 **25.00



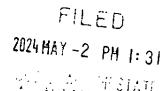
COVER LETTER

TO:

Registration Section

Divis	ion of Corporations						
	lappy Home Group Home LLC						
(Name of Limited Liability Company)							
The enclosed a	Articles of Dissolution and fee(s) are submit	tted for filing					
Please return a	all correspondence concerning this matter to	the following					
	Leani Rumpt						
	(Na	me of Person)					
	Happy Home Group Home						
	(Firm Company)						
	5177 NW Edgarton Terrace						
	(Address)						
	Port St. Lucie, FL 34983						
	(City/St.	ate and Zip Code)					
For further inf	formation concerning this matter, please call	l					
Lean	i Rumpf	772 5294944					
	(Name of Person)	at ()					
Enclosed is a cl	reck for the following amount						
■ \$25 00 Filing Fee and Certificate of Dissolution		L1 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
Mailing Address:		Street Address:					
	istration Section ision of Corporations	Registration Section Division of Corporations					
	. 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



١.	The name of a limited liabil Happy Home Group Home	ity company is		* 11 1187 = 12 Mills			
2.	The Articles of Organization	a were filed on <u>7/7/2023</u>		and assigned			
	document number L2300033	.2065					
3.	The delayed effective date the dissolution if not effective on the date of filing: teffective 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).						
	I had financial backers to start the group home. There were months of meetings and planning and then they						
5.	If there are no members, enactivities and affairs:	ter the name and address of the po	erson appointed to	o wind up the company's			
		5177 NW Edgarton Terrace					
		Port St. Lucie, FL 34983					
6. al	Signature of an authorized poove to wind up the company	person or if there are no members is activities and affairs:	, the signature of	the person appointed and liste			
	Kningf		LEANI R	LUMPF			
	Signature		Printed	Name			

FILING FEE: \$25.00