

M180000000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

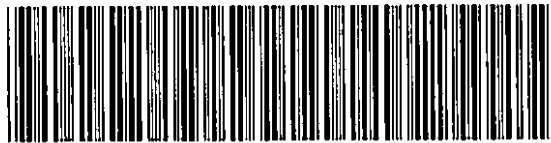
(Document Number)

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

Special Instructions to Filing Officer:

*wrong form*

Office Use Only



600321074546

11/26/18--01030--016 \*\*25.00

*11-26-18*  
*12-19-18*

**FILED**  
2018 DEC 19 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Holvens Holdings II 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:

Deborah Havens

(Name of Person)

(Firm/Company)

1454 Ocean Shore Blvd. Ste. 110

(Address)

Ormond By The Sea, FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Havens

(Name of Person)

at 386 679-6095

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2018

Deborah Havens  
1454 Ocean Shore Blvd.  
Suite 110  
Ormond by the Sea, FL 32176

SUBJECT: HOLVENS HOLDINGS II, LLC  
Ref. Number: M1800000013

We have received your document for HOLVENS HOLDINGS II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall  
Bureau Chief

Letter Number: 318A00024665

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOLVENS HOLDINGS II LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBORAH HAVENS  
(Name of Person)

HOLVENS HOLDINGS II LLC  
(Firm/Company)

1454 OCEAN SHORE BLVD STE 110  
(Address)

ORLANDO BY THE SEA, FL. 32176  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH HAVENS at ( 386 ) 679-6095  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED

2018 DEC 19 AM 11:53

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY  
SECRETARY OF STATE  
TALLAHASSEE, FL

HOLVENS HOLDINGS II LLC  
(Name of limited liability company)

FLORIDA

(Jurisdiction of its organization)

JANUARY 2, 2018

(Date registered with Florida Department of State)

M180000000 13

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.

Deborah M. Havens

(Signature of authorized representative)

DEBORAH M HAVENS

(Typed or printed name of signee)