

LO500004700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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2014 MAR 21 10:41:42  
MAR 21 2014

B. POSTICK  
MAR 21 2014  
FILING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HDS PERSONAL TOUCH REPAIRS "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:

SUSANNE S. DEJAGER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

215 SE 1ST CIRCLE  
(Address)

BOYNTON BEACH, FL 33435  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSANNE DEJAGER at ( 561 ) 202-4524  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
CORPORATION  
DIVISION  
MAY 11 2006

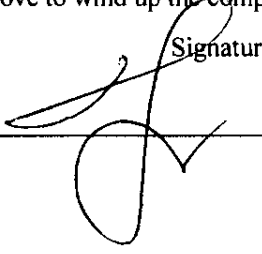
ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
HDS PERSONAL TOUCH REPAIRS "LLC"
2. The Articles of Organization were filed on MAY 2013 and assigned  
document number L05000047001
3. The delayed effective date the dissolution if not effective on the date of filing. \_\_\_\_\_

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).  
WE ARE CLOSING HDS BECAUSE OF INACTIVITY AND RICHARD HAMMOND (PARTNER) AND I ARE PURSUING DIFERENT CAREERS

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:

Signature  


Printed Name  
Susanne Scalamandice - DeTager

FILING FEE: \$25.00

2014 MAY 20 2:11:42 PM

(15)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2014

SUSANNE S. DEJAGER  
215 SE 1ST CIRCLE  
BOYNTON BEACH, FL 33435

SUBJECT: HDS PERSONAL TOUCH REPAIRS "LLC"  
Ref. Number: L05000047001

We have received your document for HDS PERSONAL TOUCH REPAIRS "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 effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 614A00004444

2014 FEB 27 7:11:42