# 11100002410392

(Requestor's Name	)		
(Address)			
(Address)			
(City/State/Zip/Pho	ne #)		
PICK-UP WAIT	MAIL		
(Business Entity Na	ame)		
(Document Number)			
Certified Copies Certificate	es of Status		
Special Instructions to Filing Officer:			





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FILED 20FEB 13 PH 2: 29

### **COVER LETTER**

то:	Registration Section Division of Corporations		
SHRII	ECT: HAS of North America, LLC		
3010	Name of Lim	ited Liability Co	mpany
	iclosed Statement of Revocation of Dissolution ited for filing.	ı for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matt	er to:	
Terry	Walters		
	Contact Person		_
HAS	of North America, LLC		
	Firm/Company		_
2900 1	NE 14ST CAUSEWAYAPT 1001		
	Address		_
Pompa	ino Beach, FL 33062		_
	City, State and Zip Code		_
	rs@northernaudiology.com		
E-	mail address: (to be used for future annual repo	ort notification)	
For fur	ther information concerning this matter, please	e call:	
Теггу	Walters	at (	5618191
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	HAS of North America, LLC The name of the company is:	
2.	L17000246392 The document number of the company is	
3.	The effective date the Dissolution was filed is	
4.	The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached.  Signature of person authorized to submit the revocation of dissolution	20 FE
CP2E13	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)	FILED FEB 13 PM 2: 29 VALIANTE ORIDA

#### FILED Dec 11, 2019 Secretary of State

### ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

HAS OF NORTH AMERICA, LLC

The document number of the limited liability company: L17000246392

The file date of the articles of organization: December 1, 2017

The effective date of the dissolution if not effective on the date of filing: December 11, 2019

A description of occurance that resulted in the limited liability company's dissolution:

BUSINESS DISSOLVED.

The name and address of the person appointed to wind up the company's activities and affairs:

TERRY WALTERS 14404 EMERALD PLACE WAY DELRAY BEACH, FL 33484

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TERRY WALTERS

Electronic Signature of authorized person