

L03 00000 4450

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

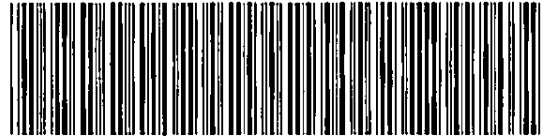
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEARING HEALTH PROFESSIONALS 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:

VICTOR JOVAN MGRM
(Name of Person)

HEARING HEALTH PROFESSIONALS LLC
(Firm/Company)

7143 #262 SR 54
(Address)

NEWPORT RICHEY FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR JOVAN at (727) 637 6677
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: ALREADY SUBMITTED
CK # 8005 WELLS FARGO

☐ \$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

1. The name of a limited liability company is

HEARING HEALTH PROFESSIONALS LLC

2. The Articles of Organization were filed on 5 FEB 2003 and assigned

document number 300000 4450

3. The delayed effective date the dissolution if not effective on the date of filing: 31 DEC 2023
(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).

PROLONGED INACTIVITY OF BUSINESS LLC
BUSINESS MANAGEMENT RETIRED
THERE ARE NO ASSETS, CREDITORS
NOR DEBTS.

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

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

VICTOR JUVAN
Printed Name

FILING FEE: \$25.00

— ALREADY
PAID

CHK# 5095 WELLS FARGO