L04000056072

(Req	uestor's Name)				
(Address)					
(Add	ress)				
(City	/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
<i>.</i>		:			
0.35					





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04/23/14--01004--003 **25.00



2014

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT:	ANDREW E. HOOKER & ASSOC	ATES, LLC					
(Name of Limited Liability Company)							
The enclose	d Articles of Dissolution and fee(s) are submit	ed for filing.					
Please return	n all correspondence concerning this matter to	he following:					
	ANDREW E. HOOKER						
(Name of Person)							
	ANDREW E. HOOKER & ASSOCIATES, LLC						
	(Firm/Company)						
	4839 GARDENS RUN						
		Address)	_				
	ELLENTON, FL 34222						
	(City/Sta	e and Zip Code)					
For further i	nformation concerning this matter, please call:						
ANDREW E. HOOKER		941 320-2463					
	(Name of Person)	(Area Code & Daytime Telephone Nu	mber)				
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	STREET/COURIER ADI	DRESS:				
Division of Corporations		Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	ele				
		Tallahassee, FL 32301					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil	.C	<u></u> .			
2.	The Articles of Organizatio	n were filed on <u>07/27/2</u>	004	_and assigned		
	document number L04000	056072	.			
3.	The delayed effective date t	e the dissolution if not effective on the date of filing:				
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limite copy 605.0707 on back c	ed liability company's dis over letter).	ssolution pursuant to section		
	OWNER HAS HAD MA	JOR HEALTH ISSUE	ES.	∑ 6 →		
	MANAGER HAS MOV	ED OUT OF STATE.		4 APR 2 ECRE IN LAHAS		
	BUSINESS HAS BEEN	I INACTIVE FOR A N	UMBER OF YEARS	$oldsymbol{arphi} \simeq oldsymbol{arphi} \sim oldsymbol{\omega} \sim oldsymbol{arphi}$		
		······································		STATE OF THE STATE		
5.	If there are no members, en	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:	ANDREW E. HOOK	ŒR			
4839 GARDENS RUN						
ELLENTON, FL 34222						
6.	Signature of an authorized	person or if there are no n	nembers, the signature of	the person appointed and		
lis	sted above to wind up the coi	mpany's activities and aff	àirs:			
_	11/	\mathcal{L}	ANDREW E. HOOK	(ER		
	Signature		Printed	Name		

FILING FEE: \$25.00