# LO4 0000 65347

| (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: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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Office Use Only



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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SHRIFCT:

## H & J RENTAL, 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:

## JUDY HEPNER

(Name of Person)

(Firm/Company)

## 3115 OAK SPRINGS DRIVE

(Address

EUFAULA, AL 36027

(City/State and Zip Code)

For further information concerning this matter, please call:

## James L. Martin

\_\_334

687-2766

(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 FILED

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.     | The name of a limited liabi H & J RENTAL, LLC  | lity company is                                  |  |   |               |             |
|--------|--|--|--|---|---------------|-------------|
| 2.     | The Articles of Organizatio  | n were filed on SEF                              | PTEMBER 1, 2004  | and assig   | ined          |             |
|        | document number LO40000  |  |  |   |               |             |
| 3.     | The delayed effective date is (effective)  Note: If the date inserted in it listed as the document's effective date. | date cannot be prior to<br>his block does not me | or more than 90 days later<br>set the applicable statuto | than date document is r<br>ry filing requirements |               | t be        |
| 4.     | A description of occurrence 605.0707, Florida Statutes.  | that resulted in the<br>copy 605.0707 on b       | limited liability comp                                   | pany's dissolution p                              |               | on          |
|        | Death of Harvey E. Hepner, so  | • •  | ,                  |   | 2019 III.AY   |             |
|        |  |  |  |   | 計2            | _           |
|        |  |  |  |   |               | ר<br>ו<br>ו |
|        |  |  |  |   | PH 6:         | (           |
|        |  |  |  |   | 6: 21         |             |
| 5.     | If there are no members, en activities and affairs:  | er the name and ad                               | dress of the person ap                                   | pointed to wind up                                | the company's |             |
|        |  | 3115 Oak Springs                                 | Drive  |   |               |             |
|        |  | Eufaula, AL 36027                                | 7  |   |               |             |
|        |  | _  |  |   |               |             |
|        | Signature of an authorized p<br>ted above to wind up the cor   |  |  | nature of the persor                              | appointed and |             |
| $\int$ | udahlem  | 27   | Judy Hepner  |   |               |             |
| Γ      | Signature  | FILI   | NG FEE: \$25.00  | Printed Name                                      |               |             |

Center for Health Statistics ALABAMA CERTIFICATE OF DEATH Eller

| I. DECEASED LEGAL NAME   |   | LABAMA CERT               | TIFICA T   | TE OF D                    | EATH State File Number |                            | <u> 2018-115</u>                                   | <u> 507</u>      |
|--|---|---------------------------|--|----------------------------|------------------------|----------------------------|--|------------------|
| T  |   |                           |  |                            |                        |                            | Mar 16, 2018 1423                                  |                  |
| 3. ALIAS NAME(IF ANY)  |   |                           |  |                            | <del></del>            |                            | ND TIME PRONOUNC                                   |                  |
| None Given 5. COUNTY OF DEATH  | 6. CITY, TOWN OF                                  | R LOCATION OF DEATH AND Z | IP CODE  | 7. PLACE (                 | OF DEATH               |                            |  |                  |
| Houston Dothan, 36302  |   |                           |  | i                          | rs Hospital            |                            |  |                  |
| 8. SEX   |   | [                         |  |                            | 10. SERVED<br>ARMED I  | IN<br>FORCES               |  |                  |
| Male UNDERTYEAR  | . DATE OF BIRTH                                   | 13 BIDTH                  | PLACE (State or                                    | Fareign Country)           | 10                     | No<br>LSOCIAL SECURITY     |  |                  |
| 11. AGE UNDER I YEAR UNDER I DAY 12. DATE OF BIRTH MONTHS DAYS HRS MINS Apr 10, 1941 |   |                           | 13. BIRTHPLACE (State or Foreign Country)  Alabama |                            |                        | į                          | 276-36-6140  | NUMBER           |
| 15. MARITAL STATUS 16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE                 |   |                           |  |                            |                        | ENCE STATE                 | $\neg$   |                  |
| Married Jud  | dy Lee Dixon                                      | OR LOCATION AND ZIP CODE  |  | Alabama                    |                        |                            |  |                  |
| Barbour  | Eufaula, 3  |                           |  | 3115 Oak Springs Dr        |                        |                            |  |                  |
| 21. INFORMANT NAME, RELATIONS  | HIP AND ADDRESS                                   |                           |  | JIIJ Qar                   | Springs Di             | <del></del>                |  | -                |
| Judy Hepner, Wife, 31 22. FATHER/PARENT NAME PRIOR T                                 | 15 Oak Spring                                     | s Dr. Eufaula, AL 30      | 6027   | EDINA DENT NA              | ME PRIOR TO FIRST      | ********                   | <del>- • - • • • • • • • • • • • • • • • • •</del> |                  |
| Irvin Kenneth Hepner S   |   |                           | - {  |                            |                        | MARRIAGE                   |  |                  |
| 24. DISPOSITION OF BODY 25, CE   | EMETERY OR CREMA                                  | TORY                      | , venn   | a Mae Schenk               |                        |                            |  | $\dashv$         |
| Cremation Co   | lumbus Cremat                                     | ion Service               | _  | Columbus, Georgia 📑 ; 🖻    |                        |                            |  |                  |
| ľ  | m Benefield                                       |                           |  | 1                          | . LICENSE NUMBEI       | ·                          | r-19, 2018   | خز               |
| 31. FUNERAL HOME NAME AND ADD  | DRESS   |                           | <del></del>  |                            |                        |                            | ÇENSE NUMBER                                       |                  |
| Chapman Funeral Hom  | ie, 100 E. Fair                                   | Street, Eufaula, AL       | 36027  |                            |                        | 1                          | 22   |                  |
| 33. MEDICAL CERTIF   | ICATION:  | X_CERTIFYING PHYSICL      | AN   | MEDICAL EXA                | MINED                  | CORONER                    |  | ) <u> </u> [     |
| 34. NAME   |   |                           |  |                            | S. LICENSE NUMBEI      |                            | TESIGNED   | <del>-   -</del> |
| Gustavo Ros MD 37. Address of person who completed cause of death                    |   |                           |  | 27970 Ma                   |                        |                            | ir 23, 26 <b>.</b> 18                              |                  |
|  |   |                           |  |                            |                        |                            |  |                  |
| 4370 West Main Street, Dothan, Alabama 36302  36. REGISTRAR                          |   |                           |  |                            |                        | 39. DA                     | 39. DATE FILED                                     |                  |
|  |   |                           |  |                            |                        | Ма                         | ır 23, 2018  |                  |
| 40. PART I. DISEASES, INJURIES OR (  | COMPLICATIONS TH                                  | CAUSE O                   | F DEATI  | <u> </u>                   |                        |                            | INTERVAL   | -                |
| IMMEDIATE Pneumonia  |   |                           |  |                            |                        | •                          | Unknown  |                  |
| DUE TO (OR AS A CO   | •   |                           |  |                            |                        |                            |  |                  |
| B. Respiratory failu   |   |                           |  |                            |                        |                            | Unknown  | -                |
| DUE TO (OR AS A CO   | DUE TO (OR AS A CONSEQUENCE OF):  Cardiac failure |                           |  |                            |                        |                            | Unknown  |                  |
| DUE TO (OR AS A CO   | ONSEQUENCE OF):                                   |                           |  |                            |                        | •                          |  |                  |
| D.  41. PART II. OTHER SIGNIFICANT CO  | ONDITIONS CONTRIB                                 | ITING TO DEATH            |  |                            |                        |                            |  | _                |
|  |   |                           |  |                            |                        |                            |  |                  |
| 42. MANNER OF DEATH 43. PREGNANT (IF FEMALE) 44. AU                                  |   |                           |  | 45. FINDINGS<br>CONSIDERED | 46. TOXICOLOGY         | 47. FINDINGS<br>CONSIDERED | 48. TOBACCO USE<br>CONTRIBUTED TO                  | DEATH            |
| Natural Causes 49. HOW INJURY OCCURRED   | No  | <u> </u>                  | No   |                            | No                     |                            |  |                  |
|  |   |                           |  |                            |                        |                            |  |                  |
| 50. DATE AND TIME OF INJURY 51. INJURY AT WORK 52. IF TRANSPORTATION INJURY, SPE     |   |                           |  |                            |                        | PECIFY                     |  |                  |
| 53. PLACE OF INJURY 54. LOCATION OF INJURY   |   |                           |  |                            | <del>.</del>           | <del></del>                |  |                  |
| # .  |   |                           |  |                            |                        |                            |  |                  |
|  |   | <u>I</u>                  |  |                            |                        |                            | ADPH HS E2   | REV 01-16        |

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2018-203-547-2

March 23, 2018

Kicole &V. (Kushing Nicole Henderson Roshing STATE OF ALABAMA

EARBOUR COUNTY

IN THE PROBATE COURT

E18-5129

IN RE: THE ESTATE OF HARVEY HEPNER, DECEASED.

#### LETTERS TESTAMENTARY

The Will of HARVEY HEPNER, Deceased, having been duly admitted to record in said Court, Letters Testamentary are hereby granted to JUDY HEPNER, the Executor named in said Will, who has completed the requisitions of the law and is authorized to take upon herself the execution of said Will.

Witness my hand and seal on this the 10 day of Dalmon.

2018.

Probate Judge

2019 HAY 22 PH 6: 2