# L07000117843

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	

Office Use Only



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MAR 0 3 2020

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 3/2/2020

**PRIORITY** : Routine

OUR REF\_#\_(Order\_ID#), 811565

ORDER ENTITY HANNA RETREAT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:	 -
HANNA RETREAT, LLC (FL)	 

File the attached dissolution document and provide a certified copy as evidence.

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NOTES:			<del></del>	 	
t55 00 Authoriz	ed				

## RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 02, 2020 Page 1 of 1

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The Articles of Organization	in were filled on L07000117843 and assigned
ocument number November	æ 26, 2007
effective) Note: If the date inserted in t	the dissolution if not effective on the date of filing:  this disc cannot be prior to or more than 90 days later than date document is received for filing this block does not meet the applicable statutory filing requirements, this date will clive date on the Department of State's records.
A description of occurrence 05.0707, Florida Statutes, (	e that resulted in the limited liability company's dissolution pursuant to se (copy 605.0707 on back cover letter).
Operations have ceased	
•	
there are no members, ent	tter the name and address of the person appointed to wind up the company
ctivities and affairs:	
ignature of an authorized p	person or if there are no members, the signature of the person appointed a
Signature of an authorized p ve to wind up the company	person or if there are no members, the signature of the person appointed a stativities and affairs:

FILING FEE: \$25.00