

L100000 20383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

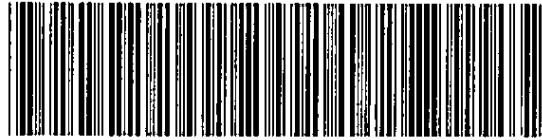
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700338138367

01/16/20--01014--004 **25.00

20 JAN 16 PM 3:00

CLERK OF COURT
JAN 16 2020

FEB 18 2020
C. MCINTYRE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Guardian Professional Services, 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:

David M Wingfield
(Name of Person)

Home Guardian Professional Services, LLC
(Firm/Company)

7970 Davenport Dr
(Address)

Melbourne, FL 32940
(City/State and Zip Code)

20 JAN 16 PM 3:00
RECEIVED
REGISTRATION
DIVISION OF
CORPORATIONS

For further information concerning this matter, please call:

David Wingfield at (321) 254-9446
(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 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

20 JAN 16 PM 3:00
JAN 16 2016
JAN 16 2016
JAN 16 2016

1. The name of a limited liability company is

Home Guardian Professional Services, LLC

2. The Articles of Organization were filed on 2/22/2010 and assigned

document number L10000020383

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(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).

Partner as a result of medical reasons
left state of Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: David M Wingfield

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:

David M Wingfield
Signature

David M Wingfield
Printed Name

FILING FEE: \$25.00