

U1000058296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

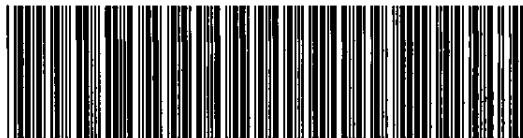
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800285289768

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -2 PM 3:37

05/03/16--01013--013 \*\*25.00

05/03/16

RECEIVED  
2016 MAY -2 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 04 2016

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF LIMITED LIABILITY COMPANY

**DOCUMENT NUMBER:** L10000058296

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLEN A. FUNK

(Name of Contact Person)

HORIZON 9

(Firm/Company)

182 LATERRA LINKS CIRCLE #202

(Address)

ST. AUGUSTINE, FL 32092

(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -2 PM 3:37

For further information concerning this matter, please call:

GLEN A. FUNK

(Name of Contact Person)

at ( 904 )

(Area Code)

806-0221

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &

Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

HORIZON9

2. The Articles of Organization were filed on JUNE 1, 2010 and assigned

document number L10000058296

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 1, 2016  
(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).

NO LONGER IN BUSINESS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -2, PM 3:37

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

GLEN A. FUNK

182 LATERRA LINKS CIRCLE, #202

ST. AUGUSTINE, FL 32092

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

GLEN A. FUNK  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HORIZON9

Document number of Limited Liability Company is: L10000058296

Date of dissolution was: MAY 1, 2016

Description of information that must be included in a written claim:

NO LONGER IN BUSINESS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAY - 2 PM 3:37

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

182 LATERRA LINKS CIRCLE, UNIT 202

ST. AUGUSTINE, FL 32092

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

GLEN A. FUNK

Printed Name of the Person Filing

Glen A. Funk

Signature of the Person Filing