

L10000009114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

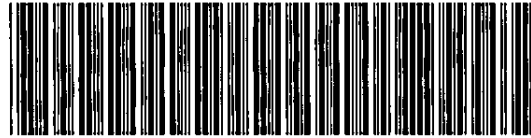
(Business Entity Name)

(Document Number)

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

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FILED  
14 MAY 19 PM 12:00  
SECTION 101 STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2014

**MAFFEI, MASIELLO & COMPANY, P.A.**

**CERTIFIED PUBLIC ACCOUNTANTS**

5 COLD HILL ROAD SOUTH, SUITES 1 & 3

P.O. BOX 210

MENDHAM, NJ 07945-0210

973-543-6055

Fax 973-543-7822

WWW.M-MCPA.COM

May 12, 2014

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Heath Interests, LLC**  
**EIN: 26-3188752**  
**Document #: L10000109114**

Dear Sir or Madam:

We are writing on behalf of the above-referenced taxpayer to effect its dissolution as a Florida Limited Liability Company.

Enclosed, please find a Cover Letter and the Articles of Dissolution for a Limited Liability Company. Also enclosed is check #299 in the amount of \$25 payable to Florida Department of State for the Filing Fee and Certificate of Dissolution.

We ask that you process the forms and send the Certificate of Dissolution to the taxpayer. If you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,



Nick DeLorenzo

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEATH INTERESTS, 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:

JEFFREY L. HEATH

(Name of Person)

HEATH INTERESTS, LLC

(Firm/Company)

39 CLARKE STREET

(Address)

JAMESTOWN, RI 02835

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY L. HEATH

(Name of Person)

at (

908

295-1763

(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

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

1. The name of a limited liability company is

HEATH INTERESTS, LLC

2. The Articles of Organization were filed on 11/08/2010 and assigned

document number L10000109114

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

WRITTEN CONSENT OF THE MEMBER.

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

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

JEFFREY L. HEATH

Printed Name

**FILING FEE: \$25.00**

FILED  
11 MAY 19 PM 10:50  
STATE OF FLORIDA  
TALLAHASSEE