

L11000030068

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

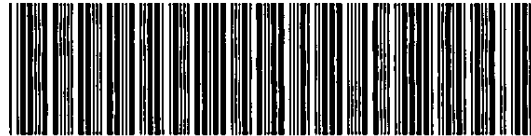
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600280353136

FILED  
2015 DEC 28 PM 4:37  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

12/28/15--01013--020 \*\*25.00

K. SALY  
EXAMINER  
DEC 28 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hope After Autism, 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:

Catherine Gross-Colten

(Name of Person)

Hope After Autism, LLC

(Firm/Company)

25231 Paseo de Alicia, Ste 220

(Address)

Laguna Hills, CA 92653

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Gross-Colten at ( 949 ) 829-268-7743  
(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

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

**FILED**  
2015 DEC 28 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Hope After Autism, LLC

2. The Articles of Organization were filed on March 11, 2011 and assigned

document number L11000030068

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/15  
(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).

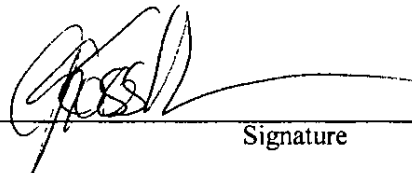
Business concluded.

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

25231 Paseo de Alicia, Ste 220

Laguna Hills, CA 92653

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

Catherine Gross-Colten

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: Hope After Autism, LLC

Document number of Limited Liability Company is: L11000030068

Date of dissolution was: 12/23/2015

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

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

Catherine Gross-Colten

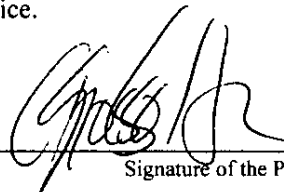
25231 Paseo de Alicia, Ste 220

Laguna Hills, CA 92653

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.

Catherine Gross-Colten

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

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CLERK OF COURT  
HALL COUNTY, FLORIDA