L120000 10958

	,			
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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SECRETANT OF STATE
AND ARKSEE FLORIDS

J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

HLC Mayport Fund, 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:

Thomas A. Dentinger	
(Name of Person)	
(Firm/Company)	
3418 Beech Trail	
(Address)	
Clearwater, FL 33761	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Thomas Dentinger

/2/

120-8707

(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

1. The name of a limited lial HLC Mayport Fund, LLC	oility company is			·		
2. The Articles of Organizat	ion were filed on _	January 23, 2012	and assigned	d		
document number L12000	0010958					
Note: If the date inserted i	ive date cannot be prio n this block does not	f not effective on the date of or to or more than 90 days later that t meet the applicable statutory epartment of State's records.	an date document is rece			
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in s, (copy 605.0707 c	the limited liability compar on back cover letter).	ny's dissolution purs	suant to section		
"Consent of all Members", p	er Title XXXVI. Ch	apter 605, Section 605.0701(2) of Florida Statutes.			
			•			
5. If there are no members, or	enter the name and	l address of the person appo	ointed to wind up the	e company's		
activities and affairs:		Thomas A. Dentinger				
	3418 Beech Tra	ail				
	Clearwater, FL	33761				
6. Signature of an authorize listed above to wind up the c	d person or if there company's activitie	e are no members, the signa es and affairs:	ture of the person a	ppointed and		
)					
Stoma De Jane	ting	Thomas A. Dentin		<u>ارت می است</u>		
Signature		J	Printed Name	1		
	FI	ILING FEE: \$25.00		- ≋≦ <i>:</i> : ``		