

L120000 80392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 JUL -1 A 8:20

Notice of LLC Diss.

AUG 28 2020

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notice of Limited Liability Company Dissolution

**DOCUMENT NUMBER:** L12000080392

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

Please return all correspondence concerning this matter to the following:

Adam Zhamukhanov, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Healthcare & General Legal Resources LLC

\_\_\_\_\_  
(Firm/Company)

2326 S. Congress Ave., Suite 2D

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

Palm Springs, Florida 33406

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Zhamukhanov

at ( 386 )

627-0746

\_\_\_\_\_  
(Name of Contact Person)

(Area Code)

\_\_\_\_\_  
(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:**

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

## 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: Healthy Living Detox, LLC

Document number of Limited Liability Company is: L12000080392

Date of dissolution was: 06/09/2020

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

(1) The name and mailing address of the claimant:

(2) The amount of the claim, including any finance charges or interest that is accruing; and

(3) An explanation of the circumstances under which the claim arose, sufficient to apprise the Company of the nature of the claim and determine the extent to which it is liable.

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

731 N US HWY 1

Tequesta, FL 33469

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FILED

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

Paul Sandhu

Printed Name of the Person Filing

Paul Sandhu

Signature of the Person Filing

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