L12000146275

(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

400263651024

09/18/14--01017--003 **55.00

FILED

14 SEP 15 P 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. FOSTICK

OCT - 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hensinger / Stoddard 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:

Barbara Hensinger
(Name of Person)

Hensinger Stoddard LLC
(Firm/Company)

23407 Commanero Dr
(Address)

Sorrento Florida 32776
(City/State and Zip Code)

FILED
05 SEP 15 P 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barbara Hensinger at (517) 290-677
(Name of Person) (Area Code & Daytime Telephone Numb

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
Hernsinger Stoddard.

2. The Articles of Organization were filed on November 30, 2012 and assigned
document number L12000146275

3. The delayed effective date the dissolution if not effective on the date of filing: ~~November 30, 2012~~ September 15, 2014 BH
(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).
No longer desire to manage a
Self directed IRA.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Barbara Hernsinger
2340 Commerce Dr.
Sorrento Florida 32776

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:

Barbara Hernsinger
Signature

Barbara Hernsinger
Printed Name

FILING FEE: $25.00

FILED
SEP 15 P 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2014

BARBARA HENSINGER
23407 COMPANERO DRIVE
SORRENTO, FL 32776

SUBJECT: HENSINGER/STODDARD, LLC
Ref. Number: L12000146275

We have received your document for HENSINGER/STODDARD, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 914A00020304

FILED
SEP 15 P 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA