

LR000157576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

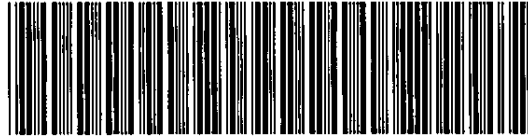
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/31/14--01017--008 **25.00

FILED

2014 DEC 31 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 12/31/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H L Newman 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:

William F Wilson

(Name of Person)

(Firm/Company)

320 Malverne Road

(Address)

West Palm Beach, FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

William F Wilson, MGRM

(Name of Person)

561

at ()

346-5514

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

H L Newman LLC

2. The Articles of Organization were filed on 12/17/12 and assigned

document number L12000157576

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2014
(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).

Company sold real estate and other business property owned by the company.

Cash distributed to members.

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:

2014 DEC 31 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

William F Wilson
Signature

William F Wilson MGRM
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 12/31/14