

L13 0000 18568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

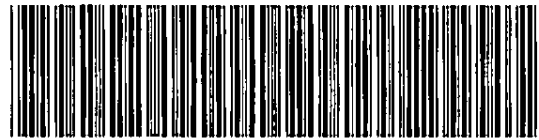
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/01/19--01034--003 **25.00

SECRETARY OF STATE
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2019 APR 22 PM 3:06
APPROVED
AND
FILED

T.S.
04/23/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2019

MANUEL A SAINZ
4206 8TH ST SW
LEHIGH ACRES, FL 33976

SUBJECT: H & O MULTISERVICES LLC
Ref. Number: L13000018568

We have received your document for H & O MULTISERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 119A00007035

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H S C Multiservices, 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:

Manuel A Sainz
(Name of Person)

H S C Multiservices, LLC
(Firm/Company)

4206 8th St SW
(Address)

Delight Acres, FL 33576
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Manuel A Sainz at (239) 440-3011
(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 liability company is

H & C Nutritional Services, LLC

2. The Articles of Organization were filed on 05/24/2012 and assigned

document number L13000018568

3. The delayed effective date the dissolution if not effective on the date of filing: 03/28/2019
(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).

Voluntary dissolved because the company is not growing, expanding and/or performing the service for which it was created. The operating expenses outweigh profits and not able to continue operating the business at a loss.

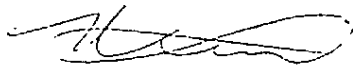
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Manuel A Sainz
4206 8th St SW
Dehigh Ave FL 33976

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DEPARTMENT OF STATE
CORPORATION SERVICES DIV.

APPROVED
AND
FILED

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

Manuel A Sainz

Printed Name

FILING FEE: \$25.00