L13000080340

(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:

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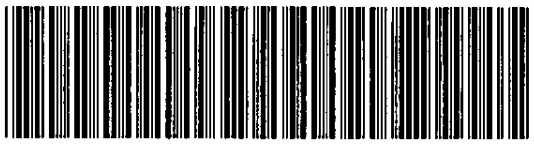

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 06 2015
S. YOUNG

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** HECSAN ENTERPRISES, 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:

Hector Santos
(Name of Person)

HECSAN ENTERPRISES, LLC
(Firm/Company)

4036 Andover Cay Blvd.
(Address)

Orlando, FL 32825
(City/State and Zip Code)

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For further information concerning this matter, please call:

Hector Santos at (407) 701-6631
(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
HECSAN ENTERPRISES, LLC

2. The Articles of Organization were filed on June 04, 2013 and assigned

document number L13000080340

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Business not generating revenue.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Hector Santos
4036 Andover Cay Blvd.
Orlando, FL 32825

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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

Hector C. Santos
Printed Name

**FILING FEE: $25.00**