

L13000090843

(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



300259794413

05/06/14--01017--026 **25.00

FILED
2014 MAY -6 AM 10:22
CLERK OF STATE
TAMPAH STATE FLORIDA

MAY 13 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Opportunities International 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:

Kalen Hammann

(Name of Person)

(Firm/Company)

2922 Rosemary Drive

(Address)

Largo, FL 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

Kalen Hammann

(Name of Person)

303

at (

589-7107

(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

FILED
2014 MAY -6 AM 10:22
TALLAHASSEE, FLORIDA
CLERK OF STATE

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Health Opportunities International LLC
2. The Articles of Organization were filed on June 24, 2013 and assigned
document number L13000090843
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).
Insufficient income to meet projections.

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:

Kalen Hammann as Managing Member Kalen Hammann, Managing Member
Signature Printed Name

FILING FEE: \$25.00

2014 MAY -6 AM 10:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Health Opportunities International LLC

Document number of Limited Liability Company is: L13000090843

Date of dissolution was: May 2, 2014

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

Date, amount, product or service provided,

copy of invoice or other evidence of the basis for the claim.

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

2922 Rosemary Drive

Largo, FL 33770

Attn: Kalen Hammann

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2014 MAY -6 AM 10:22
CLERK OF STATE
TALLAHASSEE FLORIDA

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

Kalen Hammann, Managing Member

Printed Name of the Person Filing

Kalen Hammann
Signature of the Person Filing

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