

L130000166620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

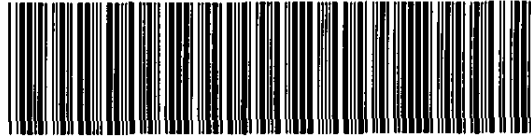
(Document Number)

Certified Copies _____

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04/10/15--01018--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 10 PM 3:02

Am4 Diss
@ 4.23.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & L TAX AND ACCOUNTING PROS, 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:

Heidi M. Santiago Perez

(Name of Person)

H&L TAX AND ACCOUNTING PROS, LLC

(Firm/Company)

7743 Acorn Woods Cir. Apt. 124

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Heidi M. Santiago Perez

(Name of Person)

at (787) 608-5848

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 10 PM 3:02

1. The name of a limited liability company is
H & L TAX AND ACCOUNTING PROS, LLC
2. The Articles of Organization were filed on December 02, 2013 and assigned
document number L13000166620
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).
For family sickness I couldn't put to work the business and for now I am not interestec
in continue having the business name registered.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Heidi M. Santiago Perez
7743 Acorn Woods Cir. Apt. 124
Winter Park, FL 32792

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:

Heidi M. Santiago Perez
Signature

Heidi M. Santiago Perez
Printed Name

FILING FEE: \$25.00