# L14000149430

(R	equestor's Name)			
(Address)				
(A	ddress)	···		
(0	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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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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# T. Nunez & Associates, P.A.

Certified Public Accountants

February 9, 2017

Florida Department of State
Attn: Karen A Saly, Regulatory Specialist II
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Hickman Acres, LLC Ref. # L14000149430

2017 FEB 13 PM 3: 38

Dear Ms Saly;

Please find attached a copy of your letter which we received in January, plus a copy of the original forms completed by John L. Hickman requesting dissolution of the above entity.

We requested the dissolution of Hickman Acres, LLC on behalf of John L Hickman but inadvertently gave the wrong document number. The above is the correct entity name and correct document number.

A check for \$25 was also attached to the original request. Please let me know if there is anything further to do to resolve the request for dissolution.

Sincerely,

for G.T. Nunez & Associates, PA

Andrea M Nunez

Encl:

## **COVER LETTER**

**\*** TO:

Registration Section
Division of Corporations

SUB IFCT.

Hickman Acres, 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:

John L Hickman (Name of Person)		
(Firm/Company)		
1107 Peninsular Drive		
(Address)		
Haines City, FL 33844		
(City/State and Zin Code)		

For further information concerning this matter, please call:

John L Hickman

, 863

353-5581

(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 Hickman Acres, LLC	ALLAHASSEE.		
2.	The Articles of Organization were filed on $\frac{9-23-14}{1}$	and assigned		
	document number #214000149430			
3.	(effective date cannot be prior to or m	te the dissolution if not effective on the date of filing:  tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.		
4.	A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back	ited liability company's dissolution pursuant to section cover letter).		
	The company has never conducted any business and doe	s not plan to do so.		
5.	If there are no members, enter the name and addres	s of the person appointed to wind up the company's		
	activities and affairs:			
	•			
	<del></del>			
6. list	Signature of an authorized person or if there are no ted above to wind up the company's activities and a	members, the signature of the person appointed and ffairs:		
	P			
	John L. Hilliam	John L Hickman		
$\sim$	Signature	Printed Name		

FILING FEE: \$25.00