

L14 000 154 659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

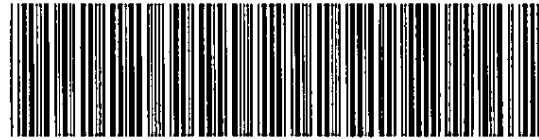
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200370578072

09/29/21 -01021--018 \*\*30.00

FILED  
2021 SEP -9 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 10 2021



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 SEP -9 AM 10:48

August 12, 2021

FRANK SMITH  
4709 MAHOGANY CT  
LAND O LAKES, FL 34639

SUBJECT: HYPOMONE CONSULTING, LLC  
Ref. Number: L14000154659

RETURN TO  
FDS CORP  
6 SEPT 2021  
Gul

We have received your document for HYPOMONE CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the correct form to dissolve the LLC.

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) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 621A00019184

SEE ATTACHED  
Gul

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HYPOMONE CONSULTING, 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:

FRANK W. SMITH  
(Name of Person)

BY SELF  
(Firm/Company)

4709 MAHOGANY COURT  
(Address)

LAND O LAKES FL 34639  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK SMITH at ( 409 ) 939 3969 (CELL PHONE)  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution  
ISSUED ALREADY!

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

HYDOMONE CONSULTING, LLC

2. The Articles of Organization were filed on 10/03/2014 and assigned

document number L14000154659

3. The delayed effective date the dissolution is not effective on the date of filing: 10 APRIL 2021  
(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).

PRINCIPAL OWNER DIED 10 APRIL 2021 -

2021 SEP - 9 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

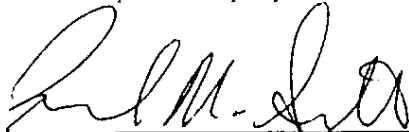
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

FRANK MAX SMITH (FATHER)

4709 WAHOEANY COURT

LAKE O LAKE, FL 34639

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

FRANK SMITH

Printed Name

**FILING FEE: \$25.00**