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(Re	questor's Name)							
(Address)								
(Address)								
(Cit	y/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	Certificates of Status						
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TO:

Registration Section Division of Corporations

HEM HAMBURG 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:

Hildegarde E. Mahoney (Name of Person) HEM HAMBURG LLC (Firm/Company) 1296 S Ocean Blvd Palm Beach, FL 33480

(City/State and Zip Code)

For further information concerning this matter, please call:

Hildegarde E. Mahoney at 561

(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 liabili HEM HAMBURG LLC	ty company is					··
2.	The Articles of Organization	were filed on	October	15, 2014	a	nd assigned	
	document numberL1400016	51512	of and	-			
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective of the listed as the document's effective date the delayed effective	late cannot be prio is block does no	r to or more t meet the a	than 90 days later to applicable statutor	than date doc y filing requ	ument is receive	d for filing) date will not bo
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in copy 605.0707	the limite on back co	d liability comp	any's disso	lution pursua	int to section
	BUSINESS IS CLOSED						
			•				17 Jan 3
5.	If there are no members, enter	er the name and	address of	of the person ap	pointed to v	wind up the c	ompany's
	activities and affairs:	Hildegarde E. M	Mahoney				,,, ,
		1296 S Ocean I	Blvd	•••••			
		Palm Beach, FI	. 33480				·
6. lis	Signature of an authorized potential ted above to wind up the com	erson or if there	e are no m	nembers, the sign	nature of th	e person app	ointed and
	Hilana Carlo	alore	 	Hildegarde E. M	ahoney Printed N	ame	

FILING FEE: \$25.00