

L15000020222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

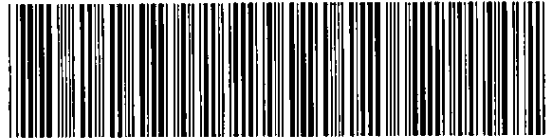
(Document Number)

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

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UMLK

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10/24/23--01031--002 \*\*30.00

FILED  
2023 OCT 24 PM 3:08  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HMS Group Solutions, 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:

CHRISTINA K. KENNEY

(Name of Person)

(Firm/Company)

901 34TH AVENUE N #7013

(Address)

ST. PETERSBURG, FL 33704

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA K. KENNEY

(Name of Person)

804

878 - 0347

at ( )

(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 Address:**

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

## 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: HMS Group Solutions, LLC

Document number of Limited Liability Company is: L15000020222

Date of dissolution was: August 07, 2023

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

Any claim must be made in writing and include the claim amount, basis, origination date, supporting documentation, and name of the HMS member (if any) authorizing or communicating with the claimant.

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

CHRISTINA K. KENNEY

c/o HMS Group Solutions, LLC

901 34TH AVENUE N #7013

ST. PETERSBURG, FL 33704

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

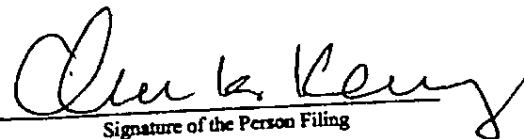
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FILED

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.

Christina K. Kenney

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. ~~15.00~~ separately \$25.00