

L15000134820

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407) 760-4670
Fax Number : (407) 951-8209

**LLC DISSOLUTION OR WITHDRAWAL
HEROES FINANCIAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APR - 2 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heroes Financial 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:

Sean DiMercurio

(Name of Person)

(Firm/Company)

105 E Robinson Street, Suite 503

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Sean DiMercurio

(Name of Person)

at (407) 906-4376
(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

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

1. The name of a limited liability company is
Heroes Financial LLC
2. The Articles of Organization were filed on 8/7/2015 and assigned
document number L15000134820
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)
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).
The sole member consents to the voluntary dissolution of the LLC.

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

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:

Sean DiMercurio
Signature

Sean DiMercurio
Printed Name

FILING FEE: \$25.00

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FILED

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Notice of Limited Liability Company Dissolution

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.

Name of Limited Liability Company: Heroes Financial LLC

Document number of Limited Liability Company is: L15000134820

Date of dissolution was: _____

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

Each claim must be written and state in detail (1) the name of the claimant, (2) the address, email
address, and phone number of the claimant, (3) the alleged amount of the claim, (4) the date the
claim arose, and (5) the basis of the claim.

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

106 E Robinson Street, Suite 503
Orlando, FL 32801

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.

Sean DiMercurio

Printed Name of the Person Filing

Sean DiMercurio

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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TALLAHASSEE, FLORIDA