LIMMONGASA

(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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EEB O. J. SOIR



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2016

SANDRA MARAS 16000 PORTOFINO CIR, APT #114 PALM BEACH GARDENS, FL 33418

SUBJECT: HEARUNG 4 LIFE, LLC.

Ref. Number: L16000006286

2016 JAN 29 P 4: 26
SECTIONAL OF STATE
TAIL AHASSEC, FLORIDA

We have received your document for HEARUNG 4 LIFE, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L15000173294.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 016A00001828

COVER LETTER

TO:

Registration Section Division of Corporations

HEARING 4 LIFE,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:

SANDRA MARAS (Name of Person) HEARING 4 LIFE (Firm/Company) 16000 PORTOFINO CIR. APT #114 (Address) PALM BEACH GARDENS ,FL 33148 (City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA MARAS

_.248 \ 535

(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 liab	ility company is	·	
2.	The Articles of Organizati	on were filed on JANUARY 19TH . 2016	and assigned	
	document number L160000	006286		
3.	Note: If the date inserted in	elayed 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be as the document's effective date on the Department of State's records.		
4.	A description of occurrence 605,0707, Florida Statutes.	the that resulted in the limited liability company's dis (copy 605.0707 on back cover letter).	solution pursuant to section	
5,	If there are no members, e activities and affairs:	nter the name and address of the person appointed to SANDRA MARAS	o wind up the company's	
		16000 PORTOFINO CL, APT#114	-mar-s	
		PALM BEACH GARDENS	2016 J	
		FLORIDA 33418	A 55 2 1	
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no members, the signature of ompany's activities and affairs:	the person appointed and	
R	well loss	SANDRA MARAS	26	
	Signature	Printed Name		
		FILING FEE: \$25.00		