

L16000092232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

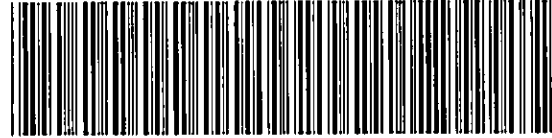
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500404497905

FILED
2023 APR 10 AM 9:05
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2023 APR -7 AM 8:57
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: \$ 130.00

Authorization Signature: 

HCA 79 LLC

L16000092232

BUSINESS NAME

DOCUMENT #

X Certified Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP
- LLLP

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- _X_ Revocation of Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Authority

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: HCA79 LLC
Ref. Number: L16000092232

We have received your document for HCA79 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 523A00008012

RECEIVED
2023 APR 10 PM 3:42
ALL HASSLE FREE

RECEIVED
2023 APR 10 PM 3:41
ALL HASSLE FREE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCA 79 LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Matt Rogers
Contact Person

HCA 79 LLC
Firm/Company

312 Old Home PL
Address

Yukon, OK 73099
City, State and Zip Code

MATLWillardRogers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Rogers at (405) 641-7565
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

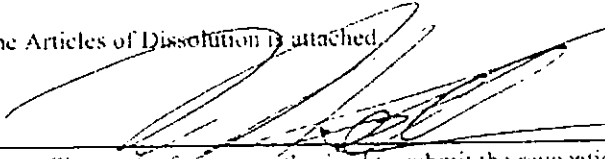
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

STATEMENT OF REVOCATION OF DISSOLUTION 2023 APR 10 AM 9:06
FOR
FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: HCA 79 LLC
2. The document number of the company is L16000092232
3. The effective date the Dissolution was filed is 03-07-2023
4. The revocation of dissolution was authorized on 03-08-2023
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:
HCA79 LLC

The document number of the limited liability company: L16000092232

The file date of the articles of organization: May 11, 2016

A description of occurrence that resulted in the limited liability company's dissolution:
NO LONGER NEED TO REMAIN ACTIVE.

The name and address of the person appointed to wind up the company's activities and affairs:
MATTHEW ROGERS
312 OLD HOME PL
YUKON, OK 73099 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MATTHEW ROGERS

Electronic Signature of authorized person