

L16 000 117 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

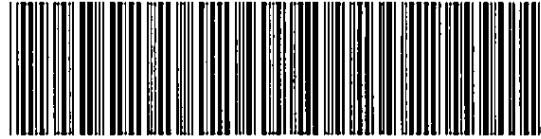
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Y. SULKER

SEP 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMD VI, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheila Rounds
Name of Person
Winter Haven Management Services
Firm/Company
346 E. Central Avenue
Address
Winter Haven, FL 33880
City/State and Zip Code
srounds@WHMSFL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Rounds at (863) 324-3698 x242
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

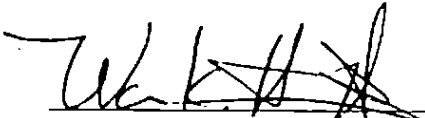
FIRST: The name of the limited liability company is: HMD VI, LLC

SECOND: The Florida Document number of the limited liability company is: L16000117358

THIRD: The date of filing of the initial articles of organization is: June 17th, 2016

FOURTH: The date of filing of the dissolution is: 8/23/2019

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Heath, Warren K II, as Manager

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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