## L16000013P627

(Requestor's Name)			
(Address)			
(Address)	<del></del>		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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S. CHATHAM SEP 1 2 2023

2023 SEP 11 PM 12: 07

2023 SET 11 AH 11: 21

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 938913 AUTHORIZATION COST LIMIT ORDER DATE : August 15, 2023 ORDER TIME : 9:51 AM ORDER NO. : 938913-135 CUSTOMER NO: 8396359 DOMESTIC FILINGS NAME: HEARING HEALTH PA, LLC XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

FO: Registration Division of	n Section Corporations	
Hearin	g Health PA LLC	
OBJEC1:	(Name of Lim	ited Liability Company)
he enclosed Article	s of Dissolution and fee(s) are submi	itted for filing.
lease return all corr	espondence concerning this matter to	o the following:
	(Na	ame of Person)
Cor	poration Service Company	
	(Fi	rm/Company)
201	Hays Street	
		(Address)
Tali	lahassee, FL 30321	
	(City/St	tate and Zip Code)
For further information	on concerning this matter, please cal	l:
-	(Name of Person)	at ()(Area Code & Daytime Telephone Number)
	A SHOW	
	the following amount:  Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution &
	recall certificate of 1919-871d (8)	Certified Copy (additional copy is enclosed)
Mailing Ad	drace	Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i arianasse	.v. 1 1. Jul 17	Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is  Hearing Health PA LLC				
2.	The Articles of Organization	were filed on July 7, 2016 and assi	gned		
	document number L1600012	6621			
3.	(effective Note: If the date inserted in t	the dissolution if not effective on the date of filing:  ve date cannot be prior to or more than 90 days later than date document is received for tiling) in this block does not meet the applicable statutory filing requirements, this date will not be sective date on the Department of State's records.			
4.	A description of occurrence	that resulted in the limited liability company's dissolution propy 605.0707 on back cover letter).	oursuant to section		
		roneously filed as a domestic LLC and is being dissolved for it to	) be		
	re-registered as a foreign LLC	n the State of Florida.	SEP 11		
			PH 12: 0		
5.	If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up  Daniel Lantry	the company's		
		750 N. Commons Drive, Suite 200			
		Aurora. IL 60504			
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no members, the signature of the person sactivities and affairs:	n appointed and listed		
<del></del> -	OccuSigned by:				
1).	an Lantry 197197109208481 Signature	Daniel Lantry Printed Name			

FILING FEE: \$25.00