

216 000186131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

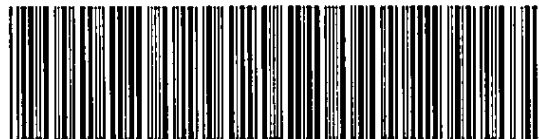
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200328450322

05/02/19--01012--032 **25.00

MAY 13 2019
S. YOUNG

FILED
19 MAY -2 PM 6:05
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hearing Healthcare Center-The Villages 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:

Richard N. Jones

(Name of Person)

Hearing Healthcare Centers of Florida LI

(Firm/Company)

892 Arawana Drive

(Address)

Orange City, Florida 32763

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Jones

(Name of Person)

at 386 295-4685

(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 liability company is
Hearing Healthcare Center - The Villages LLC
2. The Articles of Organization were filed on October 6, 2016 and assigned
document number L16000186131
3. The delayed effective date the dissolution if not effective on the date of filing: January 31, 2019
(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).
On November 30, 2018, the business relationship between Hearing Healthcare Center-The Villages ("HHC-V")
and Lakeview Healthcare System LLC. was terminated. Since HHC-V's office and its primary source of business
was dependent on this relationship, the Members of HHC-V decided to close its business operations and dissolve
the Company.
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:


Signature

Lisa J. Jones, Managing Member
Printed Name

FILING FEE: \$25.00

FILED
19 MAY 12 PM 6:05
TALLAHASSEE, FLORIDA