

L18000114238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

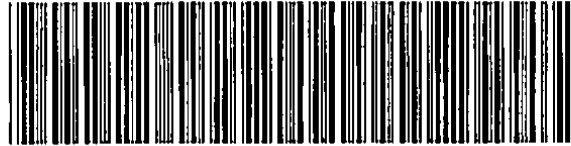
(Business Entity Name)

(Document Number)

rtified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

Office Use Only



400347759614

01/10/20 --01005--005 **95.00

90

FILED

2020 OCT -8 P 4:02

FLORIDA
TALLAHASSEE, FLORIDA

LLC
Volun.
Dis.

w/Notice

10/20/20

DC

10/8



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2020

JENNIFER BEERY
14388 BLACK QUILL DR.
WINTER GARDEN, FL 34787

SUBJECT: HORIZON WEST NUTRITION SERVICES, LLC
Ref. Number: L18000114238

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

INFORMATION THAT MUST BE INCLUDED IN A WRITTEN CLAIM MAY BE FOR EXAMPLE, YOU MAY WANT TO KNOW THE NAME, ADDRESS, AND PHONE NUMBER OF THE PERSON FILING THE CLAIM AGAINST YOUR BUSINESS AND PERHAPS THE INVOICE NUMBER FOR THE WORK THAT WAS DONE FOR THAT CLIENT.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 420A00018148



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP 11 PM 4:00

August 26, 2020

JENNIFER BEERY
HORIZON WEST NUTRITION SERVICES, LLC
14388 BLACK QUILL DR.
WINTER GARDEN, FL 34787

SUBJECT: HORIZON WEST NUTRITION SERVICES, LLC
Ref. Number: L18000114238

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 820A00016330

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizon West Nutrition Services
(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:

Jennifer Beery

(Name of Person)

Horizon West Nutrition Services

(Firm/Company)

14388 Black Quill Dr.

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Beery

(Name of Person)

at

(407)

505-9250

(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 Address:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

RECEIVED
TALLAHASSEE, FL 32304-4044
2020 OCT -8 P 4:02

FILED

1. The name of a limited liability company is

Horizon West Nutrition Services, LLC

2. The Articles of Organization were filed on 6/30/2020 5/7/18 and assigned

document number ~~820A 00010330~~ 418000114238

3. The delayed effective date the dissolution if not effective on the date of filing: 6/30/2020
(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).

Covid-19 disruption of services, Employment sought in Clinical
Setting for income.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

N/A Jennifer Beery

14388 Black Oak Hill Dr.

Winkler Garden, FL 34787

407-505-9250

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:

Jennifer Beery
Signature

Jennifer Beery
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Horizon West Nutrition Services

Document number of Limited Liability Company is: L18000114238

Date of dissolution was: 6/30/2020

Description of information that must be included in a written claim:

**NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF THE PERSON
FILING THE CLAIM. THE REASON FOR THE CLAIM**

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

14388 Black Quail Dr.

Winter Haven, FL 34787

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jennifer Beery
Printed Name of the Person Filing

Jennifer Beery
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00