

L19000108627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

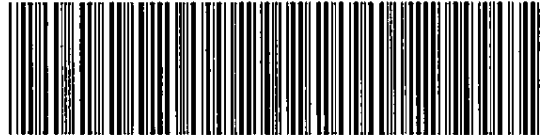
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Disss w/
notice

Office Use Only



600439187096

11/08/24--01013--024 **25.00

2024 NOV -8 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCMANN 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:

Nancy Manning
(Name of Person)
HCMANN LLC
(Firm/Company)
7539 SW 100 Court
(Address)
Deale FL 34481
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Manning at 352 427-78
(Name of Person) (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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 10:00

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

NC MANN LLC

2. The Articles of Organization were filed on 4-22-2019 and assigned

document number L19000108627

3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2024
(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).

retiring - therefore no longer need LLC

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

Nancy Manning
7539 SW 100 Court
Ocala FL 34481

SECRETARY OF STATE
TALLAHASSEE, FL

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:

Nancy Manning
Signature

Nancy Manning
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: HC MANN LLC

Document number of Limited Liability Company is: L19000108627

Date of dissolution was: 12-31-2024

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

retirement - therefore no longer need
an LLC

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

Nancy Manning
7539 SW 100 Court
Deale FL 34481

SECRETARY OF STATE
TALLAHASSEE, FL

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.

Nancy Manning
Printed Name of the Person Filing

Nancy Manning
Signature of the Person Filing