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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

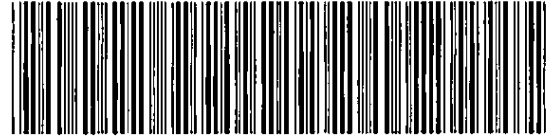
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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**CORPORATE  
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**WALK IN**

**PICK UP:** 12/21 DANNY

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**DISSOLUTION**

1. **DEEPWORK HCW PARTNERS, LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DeepWork HCW Partners, 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:

Juanita Sullivan - Foley & Lardner LLP

\_\_\_\_\_  
(Name of Person)

Foley & Lardner LLP

\_\_\_\_\_  
(Firm/Company)

321 North Clark Street, Suite 3000

\_\_\_\_\_  
(Address)

Chicago, Illinois 60654-4762

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Juanita Sullivan

\_\_\_\_\_  
(Name of Person)

312

832-4725

at (

) \_\_\_\_\_  
(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

2021-07-21 17:10:43

- \*-RANKING: 20 00**

**FILING FEE: \$25.00**