

W19 000 204 824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

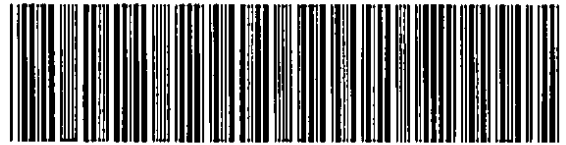
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JAN 03 2022

01/04/22--01002--021 **25.00

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2022 JAN -3 PM 4:32

STATE OF NEW YORK
JAN 3 2022

Dissolution w/notice

NEW YORK
D CUCKING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing Point Mobile Acupuncture 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:

Heidi Haye
(Name of Person)

Heidi L Haye, CPA
(Firm/Company)

853 SR 436 Ste 1025
(Address)

Casselberry, FL 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

Heidi Haye at 407.637-2194
(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

RECEIVED
CORPORATION
DIVISION

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Healing Point Mobile Acupuncture LLC

2. The Articles of Organization were filed on 8/12/19 and assigned

document number L19000204824

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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.

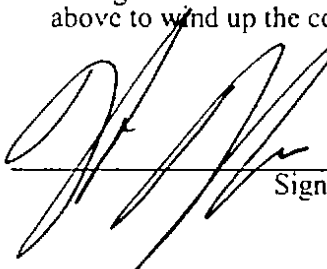
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Business closed

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

Heidi Hays
853 SR 436, Ste 1025
Casselberry, FL 32707
407.637.2194

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

Heidi Hays
Printed Name

FILING FEE: \$25.00

2022 JAN -3 PM 4:18

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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: Healing Point Mobile Acupuncture LLC

Document number of Limited Liability Company is: L19000204824

Date of dissolution was: 12/31/2021

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

<u>Date incurred</u>	<u>Description</u>	<u>Amount</u>	<u>Company name</u>

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

Heidi Hays, CPA
853 SR 436, Ste 1025
Casselberry, FL 32707
407.637.2194

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CLERK OF THE
COURT
JAN 3 2022
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.

Heidi Hays
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing