119000 279 440

(Re	questor's Name)	
(110	questor a riame,	
	dress)	
(nu	uiess)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special modifications to	· imig omoo.	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HNS CO.	NSTRUCTION LLC		
DOCUMENT NUM	IBER:		
The enclosed Notice	of Limited Liability C	Company Dissolution and	fee are submitted for filing.
Please return all corr	espondence concerning	this matter to the following	ng:
Joseph H Brown			
	(Name of C	Contact Person)	
Blount Law, PL			
-	(Firm	/Company)	
809 Walkerbilt Road, Su	uite 6		
	(Ad	dress)	
Naples, FL 34110			
	(City/State	e and Zip Code)	
For further informati	on concerning this matt	er, please call:	
Joseph H Brown		at ()	815
(Name of	Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check (for the following amour	u:	
□\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	<u> </u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILE

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:		
Document number of Limited Liability Company is:		
Date of dissolution was: $2/10/20$		
Description of information that must be included in a written claim:		
	걸넲	2(
Name and address of claimant, account or reference number, and amount remaining owed on claim.		<u>3</u>
	7.	70
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		03
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporational Blount Law, PL	ons)	
809 Walkerbilt Road, Suite 6		
Naples, FL 34110		
A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice.	to enforce t	he

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