

L200000 60870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

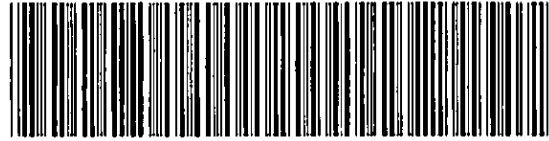
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2022 DEC 15 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2022 DEC 15 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 20 2022

D COMBELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: HMD SOLUTIONS LLC
Ref. Number: L20000060870

We have received your document for HMD SOLUTIONS LLC and the authorization to debit your account in the amount of \$100.00. However, the document has not been filed and is being returned for the following:

SECTION #3 SHOULD HAVE THE EFFECTIVE DATE THE DISSOLUTION WAS FILED AND THAT DATE IS DECEMBER 8, 2022. PLEASE CORRECT YOUR DOCUMENT ACCORDINGLY.

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: 522A00028058

Please keep original filing date
Thank you

2022 DEC 19 PM 1:56

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/15/22

NAME: HMD SOLUTIONS LLC

TYPE OF FILING: REVOCATION OF DISSOLUTION

COST: 100.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMD SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

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

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: HMD SOLUTIONS LLC
2. The document number of the company is L20000060870
3. The effective date the Dissolution was filed is 12/08/2022
4. The revocation of dissolution was authorized on 12/08/22
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED
2022 DEC 15 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Dec 07, 2022
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

HMD SOLUTIONS LLC

The document number of the limited liability company: L20000060870

The file date of the articles of organization: February 24, 2020

The effective date of the dissolution if not effective on the date of filing: December 8, 2022

A description of occurrence that resulted in the limited liability company's dissolution:

1 EX MEMBER OF CORPORATION EMBEZZLEMENT AND FRAUD

The name and address of the person appointed to wind up the company's activities and affairs:

DALE WOOLFORD
1270 E 51ST STREET, 6A
BROOKLYN, NY 11234 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DALE WOOLFORD

Electronic Signature of authorized person