120000123092

(Requestor's Name)					
(Address)					
(Address)					
, ,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basilless Elinky Hallie)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
J DEMNIS					
AU3 2 1 2023					

Office Use Only



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2023 JUL 25 AH II: 50

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Closufe Of Buisness	
DOCUMENT NUMBER:	
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following: (Name of Contact Person)	
(Name of Contact Person) HEdrick's Home Improvment (Firm/Company)	
2876 SS Pacs (1) (Address)	
Post ST Lucis El 34984 (City/State and Zip Code)	
For further information concerning this matter, please call:	
STEVE (-(E)(-C4) at ()72) 263/4/9 (Name of Contact Person) (Area Code) (Daytime Telephone Nur	
Enclosed is a check for the following amount:	
□\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) □\$60 Filing Fee, Certificate of Status & Copy (Additional copy is enclosed)	Certified
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

Notice of Limited Liability Company Dissolution

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:	HEGU:Ch	(s Ha	ings 1	mpforment
Document number of Limited Liability Co	mpany is: L	30000 J	12309	2
Date of dissolution was: 07-25			_	
Description of information that must be in-	cluded in a written cla	aim:		
				20
		<u>.</u>	-	
				FII TAR: JL 25
				AA NOT
		 		्राक्षा निः 5
				<u></u>
Mailing address where claims can be sent:	(Claims cannot be se	nt to the Divisio	n of Corporation	ıs)
70-	, ,,	Darr d	\cap	
$\frac{\alpha \delta}{\alpha \delta}$	<u> </u>	Pace d	<u>.1 </u>	- <u>3</u> 4984
<u> </u>	ST	<u> </u>	<u> </u>	24484
				_
				_
A claim against the above named limited l	iability company will	be barred unless	s a proceeding to	enforce the claim is
commenced within 4 years after the filing			F	Λ
		_	. Λ	n 11
STEUS	ler ck	3)	Hd/n h
Printed Name of the Person F	iling	Sig	nature of the Person	Filing