

L20 000 131863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

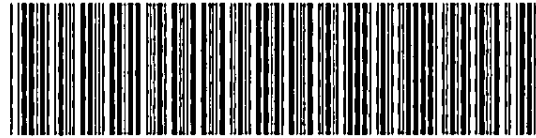
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800356205278

12/14/20--01013--014 \*\*25.00

FILED  
2020 DEC 14 AM 7:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
JAN 27 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH HUNTINGDON APA BCG, 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:

Abbigail Webb

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

ACMGMT, LLC

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

5875 NW 163RD ST, STE 105

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

Miami Lakes, FL 33014

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

For further information concerning this matter, please call:

Abbigail Webb

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

at ( 305 ) 779-9160

\_\_\_\_\_  
(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

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

FILED

1. The name of a limited liability company is

NORTH HUNTINGDON APA BCG, LLC

2020 DEC 14 AM 7:11

DEPT. OF STATE

TALLAHASSEE, FL

2. The Articles of Organization were filed on 5/19/2020

and assigned

document number L20000131863

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

(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).

Member elected to dissolve.

Member elected to dissolve.

Member elected to dissolve.

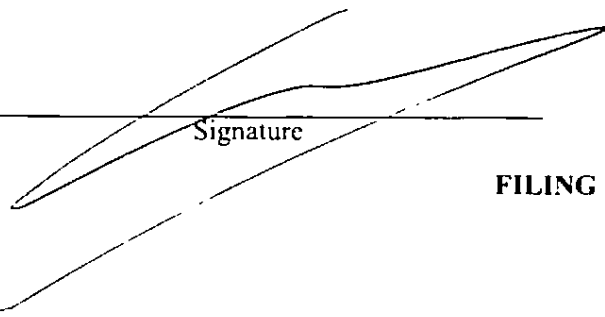
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Ali Ahmed

Printed Name

**FILING FEE: \$25.00**

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

2020 DEC 14 AM 7:11

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: NORTH HUNTINGDON APA BCG, LLC

Document number of Limited Liability Company is: L20000131863

Date of dissolution was: 12/4/2020

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

Written claims must include an accounting of the claim, a description of the product or service (if applicable),  
the date on which the fee or charge(s) was incurred, the contact information for the person handling the claim includ  
name, telephone number, email, and address, and instructions regarding how to pay the claim, question the claim,  
or contest the claim, and the name of the business entity or individual to whom the claim is owed.

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

ACMGMT, LLC

C/O ABBIGAIL WEBB

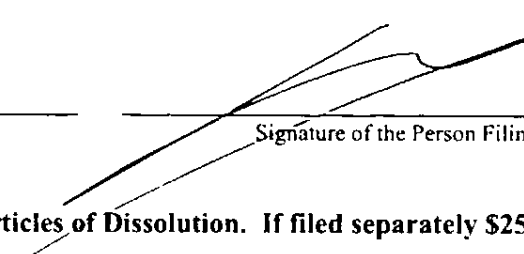
5875 NW 163RD STREET, STE 105

MIAMI LAKES, FL 33014

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.

Ali Ahmed

Printed Name of the Person Filing

  
Signature of the Person Filing

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