L20000381867

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(enjyelate/2.jp/ Nelle ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500398241025

11/29/22--01020--002 **55.00

TALL MARKETE FIRE IL

FEB 2 1 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HYPTA SOIT	JIONS	
(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	e following:	
Raymond E	of Person)	
Hypta Sol		
	IK Circle West	
Plantation	FL 33325	
·	and say code;	
For further information concerning this matter, please call:		
Raymond Basquiat	at (951) 200-1022 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee and Certificate of Dissolution	S\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
r.O. DOX 0327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lightling common is	ALL	2022
1. The name of a limited liability company is HIPTA Soluntions	<u></u>	2022 HOV 29
2. The Articles of Organization were filed on $\frac{12/07/2020}{2020}$ and assigned	, SEE, F	29 Art
document number <u>L 2000038186</u> 7	LOFF IN	7: 28
3. The delayed effective date the dissolution if not effective on the date of filing: 12/07/19/19/19/19/19/19/19/19/19/19/19/19/19/	202 d for filing) date will no	ot be
4. A description of occurrence that resulted in the limited liability company's dissolution pursua 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).	nt to sectio	n
I KAYMOND BASQUIRT WANT to clis	,loeê	19
my name off of the bussiness.	<u> </u>	2 0
unreconcilable differences. I	<u> </u>	
longer want bbe apart of the coom	DAWI	
5. If there are no members, enter the name and address of the person appointed to wind up the co	ompany's	,
activities and affairs:		
I van Hyppolite		
		
6. Signature of an authorized person or if there are no members, the signature of the person appoabove to wind up the company's activities and affairs:	inted and l	isted
Praymond Basquiat Refunance Bas	ر 54 رن	<u></u>

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: HIPTA DOTESTIONS
Document number of Limited Liability Company is: <u>L2000381867</u>
Date of dissolution was: $\frac{11}{25}$
Description of information that must be included in a written claim:
T Raymond Basquial want to
dissolve my pame a off of the
bussiness Hypta Solutions, due to
unreconcilable differences. I wo
longer want to be apart of the company
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
823 ancela Ave
APT B
Rockledge FL 3300 32955 &

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

ignature of the Person Filing

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.