Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000397305 3)))



H220003873053ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL ILS HHA OF REGION 2, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

NOV 22 PH 4: 0

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 28 2022 K. Brumbley

제2 님프 그 기 때 9: 25

H22000397305

5 🛔

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability compan ILS HHA of Region 2, LLC	y is	
2. The Articles of Organization were filed	I on September 15, 2021	and assigned
document number L21000409095		
3. The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block do listed as the document's effective date on	be prior to or more than 90 days later than da les not meet the applicable statutory filir	te document is received for filing)
4. A description of occurrence that results 605.0707, Florida Statutes, (copy 605.0	ed in the limited liability company's 707 on back cover letter).	dissolution pursuant to section
The limited liability company is n		
		· · · · · · · · · · · · · · · · · · ·
	<del></del>	
5. If there are no members, enter the name activities and affairs:	e and address of the person appointe	
6. Signature of an authorized person or if above to wind up the company's activities	there are no members, the signature and affairs:	of the person appointed and listed
		202
s/ Stuart F. Williams	Stuart F. Williams	
Signature	FILING FEE: \$25.00	NOV 22 PM 4: 08
		÷ 08