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(((H22000397303 3)))



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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 1, LLC

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	CLES OF DISSOLUTION FOR ED LIABILITY COMPANY	SECRETAR TALLAH	2022 NOV 220
<ol> <li>The name of a limited liability company ILS HHA of Region 1, LLC</li> </ol>	y is	ASSER	A
2. The Articles of Organization were filed	on September 15, 2021	and assigned	111:28
document number L21000409114			
3. The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block doe listed as the document's effective date on the second	e prior to or more than 90 days later than date es not meet the applicable statutory filing	e document is received for fi	ling) will not be
<ol> <li>A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.07</li> </ol>	d in the limited liability company's d 707 on back cover letter).	issolution pursuant to s	section
The limited liability company is no	o longer transacting business in	n Florid <u>a.</u>	
			<del></del>
<ol> <li>If there are no members, enter the name activities and affairs:</li> </ol>	e and address of the person appointed	to wind up the compar	ny's
			<u> </u>
6. Signature of an authorized person or if above to wind up the company's activities	there are no members, the signature of and affairs:	of the person appointed	l and listed
s/ Stuart F. Williams	Stuart F. Williams	1000000000000	
Signature	Printe	ed Name	

**FILING FEE: \$25.00**