

K220000121278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

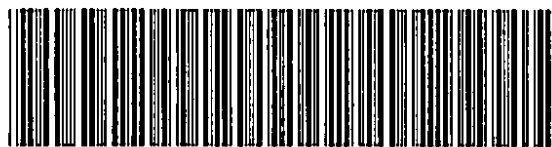
(Business Entity Name)

(Document Number)

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04/08/22--01022--010 \*\*25.00

2022 APR -8 AM 11:36  
600384592716

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HYM 22 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:

MARTHA LAVERDE CASTRO

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

HYM 22 LLC

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

12345 SW 18TH ST APT 112

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

MIAMI FL 33175

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

For further information concerning this matter, please call:

MARTHA LAVERDE CASTRO

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

786

488-3727

at (\_\_\_\_\_) \_\_\_\_\_

(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**

1. The name of a limited liability company is  
HYM 22 LLC
2. The Articles of Organization were filed on 03/09/2022 and assigned  
document number L22000121278
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).  
ALL MEMBERS CONSENT TO CEASE ACTIVITY AND FILE THE DISSOLUTION.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: MARTHA LAVERDE CASTRO  
12345 SW 18TH ST APT 112  
MIAMI FL 33175  
\_\_\_\_\_
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:

Martha Laverde  
Signature

MARTHA LAVERDE CASTRO  
Printed Name

**FILING FEE: \$25.00**

2022 APR -8 11:34