

L22000 H95 759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

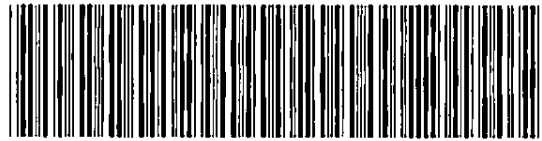
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024/11/29 17:11:59
SEP 11 2024
17:11:59

COVER LETTER

TO: Registration Section
Division of Corporations

4/25/24

SUBJECT: Antmeanz Hiz & Hez 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:

Arnta Murphy-Moore
(Name of Person)

Antmeanz Hiz & Hez LLC
(Firm/Company)

3975 Sherraton Circle
(Address)

Brynton Beach, FL 33436
(City/State and Zip Code)

2024 APR 30 PM 1:54

For further information concerning this matter, please call:

Arnta Murphy-Moore at (561) 536-8549
(Name of Person) (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

4/25/24

1. The name of a limited liability company is

Antmeanz H12 & HR2 LLC

2. The Articles of Organization were filed on 11/21/2022 and assigned

document number L22000495759

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).

Can no longer afford to operate due
to a loss in "Personal" income annually
in which I used to upstart and run business.
Only Income now is monthly ss checks

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

Grita L. Murphy-Moore
3975 Sheraton Circle
Brynton Beach, FL 33436

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:

Grita Murphy-Moore
Signature

Grita Murphy Moore
Printed Name

FILING FEE: \$25.00