

U23000031177

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(Business Entity Name)

(Document Number)

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JUN 11 2024

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FILED
2024 APR 26 PM 12:17
JUN 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A HF Medicinals 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:

Carla M. Hawkins
(Name of Person)

AHF Medicinals LLC
(Firm/Company)

8599 Smokey Road / P.O. Box 1162
(Address) ^{mailing address}

Glen St. Mary, FL 32040
(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Hawkins at (904) 655-4378
(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)

*Previously mailed check for \$52.50

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**

FILED
2024 APR 26 PM 12:17
SECRETARY OF STATE

1. The name of a limited liability company is

AHF Medicinals LLC

2. The Articles of Organization were filed on January 17, 2023 and assigned

document number L23000031177

3. The delayed effective date the dissolution if not effective on the date of filing: April 21, 2024
(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).

Company dissolved ; No longer in business

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

Caria Hawkins

8599 Smokey Road

Glen St. Mary, FL 32040

Mailing address: Post office ~~office~~ Box 1162

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:

Caria Hawkins

Signature

Caria Hawkins

Printed Name

FILING FEE: \$25.00