

L23000308560

(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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Office Use Only



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2023 JUL 26 AM 10:16

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

07/26/23--01001--024 **25.00

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 7/26

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DISSOLUTION

1. **HEALTHY HOMES EDUCATION & CONSULTING, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY HOMES EDUCATION & CONSULTING, 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:

Hunter Stahl

(Name of Person)

Threlkeld Law, P.A.

(Firm/Company)

3003 Tamiami Trail N Suite 400

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Hunter Stahl

(Name of Person)

239

234-5034

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**

FILED

2023 JUL 26 AM 10:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
HEALTHY HOMES EDUCATION & CONSULTING, LLC
2. The Articles of Organization were filed on 06/27/2023 and assigned
document number L23000308560
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).
The consent of all the members.

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

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:

Tyler H. Stahl
Signature

Tyler Stahl - authorized representative
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HEALTHY HOMES EDUCATION & CONSULTING, LLC

Document number of Limited Liability Company is: L23000308560

Date of dissolution was: 07/26/2023

Description of information that must be included in a written claim:

The claim must be in writing, state the nature of the claim, the amount, and whether the claim is
contingent.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

340 TAMiami TRAIL NORTH

SUITE 134

NAPLES, FL 34102

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Tyler Stahl - authorized representative

Printed Name of the Person Filing

Tyler H. Stahl
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
2023 JUL 26 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA