L23000393010

(Re	equestor's Name)
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer.		
		





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Dissolu	tion		
DOCUMENT NU	L23000393010 MBER:		
The enclosed Notic	e of Limited Liability C	Company Dissolution and	I fee are submitted for filing.
Please return all cor	rrespondence concerning	this matter to the following	ng:
Kelly Jones			
	(Name of C	Contact Person)	
Affordable Accounting	& Tax Prep, Inc		
	(Firm	/Company)	
473 S Croft Ave			
	(Ad	ldress)	
Inverness, FL 34453			
	(City/Stat	e and Zip Code)	
For further informa	tion concerning this matt	ter, please call:	
Kelly Jones		at (352) 419-4630	
(Name o	f Contact Person)		Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
□\$25 Filing Fee	■\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Notice of Limited Liability Company Dissolution

5:03

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:
Document number of Limited Liability Company is:
Date of dissolution was: 08/31/23
Description of information that must be included in a written claim:
The acquisition of the business located at 911 SE 6th Ave, Delray Beach, FL 33483 fell through. Because of this we need to
dissolve the business know a Delray Beach Hearing Center, LLC.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
506 Tompkins St
Inverness, FL 33483
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.
Holly Johnson
Printed Name of the Person Filing Signature of the Person Filing

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

Electronic Articles of Organization For Florida Limited Liability Company

L23000393010 FILED 8:00 AM August 21, 2023 Sec. Of State fjeggleston

Article I

The name of the Limited Liability Company is: DELRAY BEACH HEARING CENTER LLC

Article II

The street address of the principal office of the Limited Liability Company is:

911 SE 6TH AVE SUITE 105 DELRAY BEACH, FL. 33483

The mailing address of the Limited Liability Company is:

506 TOMPKINS ST INVERNESS, FL. 34452

Article III

The name and Florida street address of the registered agent is:

AFFORDABLE ACCOUNTING & TAX PREP, INC 473 S CROFT AVE INVERNESS, FL. 34452

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KELLY JONES

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR JOHNSON'S HEARING CENTERS LLC 506 TOMPKINS ST INVERNESS, FL. 34452

Title: AMGR HOLLY JOHNSON 506 TOMPKINS ST INVERNESS, FL. 34452 L23000393010 FILED 8:00 AM August 21, 2023 Sec. Of State fjeggleston

Article V

The effective date for this Limited Liability Company shall be: 08/17/2023

Signature of member or an authorized representative

Electronic Signature: HOLLY JOHNSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of DELRAY BEACH HEARING CENTER LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on August 21, 2023 effective August 17, 2023, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L23000393010.

Authentication Code: 230823084007-300414342803#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Third day of August, 2023



Secretary of State