

L23000475422

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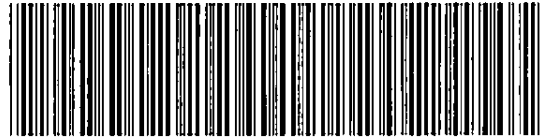
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M H H P L L C  
(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:

Meredith Huntley  
(Name of Person)

(Firm/Company)

6 Maynard Circle  
(Address)

Old Saybrook, CT 06475  
(City/State and Zip Code)

For further information concerning this matter, please call:

Meredith Huntley at (860) 759-9815  
(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**

2024. 13 11 23

1. The name of a limited liability company is

MHHP LLC

2. The Articles of Organization were filed on 10/16/2023 and assigned

document number 223000475422

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.

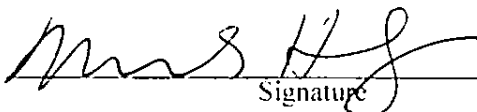
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Death of the Registered Agent - Death Certificate  
enclosed

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

Meredith Huntley  
6 Maynard Circle  
Old Saybrook, CT 06475

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:

  
Signature

Meredith Huntley  
Printed Name

**FILING FEE: \$25.00**

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARKS

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024036517

DATE ISSUED: MARCH 1, 2024

## DECEDENT INFORMATION

DATE FILED: FEBRUARY 29, 2024

NAME: MIRIAM HUNTLEY

DATE OF DEATH: FEBRUARY 25, 2024

SEX: FEMALE SSN: 048-40-6949

AGE: 076 YEARS

DATE OF BIRTH: DECEMBER 8, 1947

BIRTHPLACE: NEW HAVEN, CONNECTICUT, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: COMMUNITY HOSPICE CENTER FOR CARING AT BAPTIST MEDICAL CENTER SOUTH

LOCATION OF DEATH: JACKSONVILLE, DUVAL COUNTY, 32258

RESIDENCE: 532 BATTERSEA DRIVE, ST AUGUSTINE, FLORIDA 32095, UNITED STATES

COUNTY: ST JOHNS

OCCUPATION, INDUSTRY: SERVICE REPRESENTATIVE SUPERVISOR, AT &amp; T

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: PETER C HUNTLEY

FATHER'S/PARENT'S NAME: CARMEN EDWARD CONTE

MOTHER'S/PARENT'S NAME: MIRIAM REGAN

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: TERRI WILSON

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 9 FOOT CIRCLE, WALLINGFORD, CONNECTICUT 06492, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: CAMERON NAUGLE, F043909

FUNERAL FACILITY: NAUGLE FUNERAL HOME F072788

1203 HENDRICKS AVE, JACKSONVILLE, FLORIDA 32207

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ATLANTIC CREMATORY

JACKSONVILLE, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1905

DATE CERTIFIED: FEBRUARY 28, 2024

CERTIFIER'S NAME: ANA AMELIA SANCHEZ

CERTIFIER'S LICENSE NUMBER: ME88541

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. MALIGNANT NEOPLASM OF KIDNEY

LESS THAN 6 MOS

b. SECONDARY MALIGNANT NEOPLASM OF LUNG AND LIVER

LESS THAN 6 MOS

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:



STATE REGISTRAR

REQ: 2026248508

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED ON PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1947 (08/01/2022)

CERTIFICATION OF VITAL RECORD