

L24 0000815 35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/13/24--01022--014 **25.00

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2024 JUN 13 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HHS Accounts Receivable 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:

Hector H Suarez

(Name of Person)

HHS Accounts Receivable LLC

(Firm/Company)

1939 Crestridge Drive

(Address)

Clermont, Florida 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Henry Suarez

(Name of Person)

352

444-9441

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

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2021 JUN 13 PM 1:13
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TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

HHS Accounts Receivable LLC

2. The Articles of Organization were filed on February 15, 2022 and assigned

document number L24000081535

3. The delayed effective date the dissolution is not effective on the date of filing: June 10th, 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).

No profit from such 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:

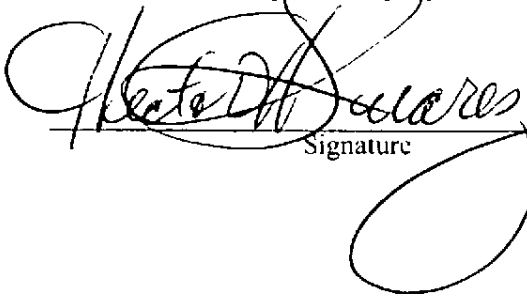
Hector Henry Suarez

1939 Crestridge Drive

Clermont, Florida 34711

(352)444-9441

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

Hector H Suarez

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FL

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: HHS Accounts Receivable LLC

Document number of Limited Liability Company is: L24000081535

Date of dissolution was: june 10th .2024

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

No profit from such Business.

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

1939 Crestridge Drive

Clermont, Florida 34711

(352) 444-9441

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.

Hector Henry Suarez

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

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TALLAHASSEE, FL