## P96000000159

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations HFM, Inc. **SUBJECT:** P96000000159 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elaine Johnson James (Name of Contact Person) Elaine Johnson James, P.A. (Firm/Company) P.O. Box 31512 (Address) Palm Beach Gardens, FL 33420 (City/State and Zip Code) For further information concerning this matter, please call: Elaine Johnson James (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State HFM, Inc.	:	
SECOND:	The document number of the corporation (if known):		
THIRD:	October 26, 2023 The date dissolution was authorized:		
	Effective date of dissolution if applicable:  November 15, 2023		
	(no more than 90 days after dissolution file date Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
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!	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Steven C. Brigati		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.	
Name of Corporation: HFM, Inc.	
The above named corporation is the subject of dissolution and the effective date of a dissolution is:  November 15, 2023	
(date filed with the Dept. if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
Name, address and telephone number of claimant	
Name, mailing address, email address and telephone number of claimant's representative	202
Nature of claim	202: 15:00
Date claim arose	2
Amount of claim	2   PH  2:
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)	0.13:
President of Board of Governors	
Legacy Golf Club, Inc.	<u> </u>
9000 Clubhouse Drive	
Port St. Lucie, FL 34986	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is comwithin 4 years after the filing of this notice.	menced
Elaine Johnson James, Registered Agent & Attorney  Printed Name of the Person Filing  Signature of the Person Filing	<u>1</u> -
Printed Name of the Person Filing Signature of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00