

L13000063485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

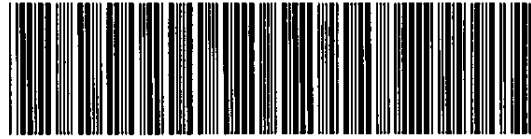
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/10/14--01051--005 \*\*25.00

2014 FEB 10 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. Guffey FEB 13 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Structured Settlement Solutions, 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:

Amanda Fowler  
(Name of Person)

Structured Settlement Solutions, LLC  
(Firm/Company)

189 S. Wrayl Ave Suite 1608  
(Address)

Orlando FL, 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Fowler at (407) 965-5754  
(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2014 FEB 10 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Structured Settlement Solutions, LLC

2. The Articles of Organization were filed on 5/1/13 and assigned  
document number L13000063485

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

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).

Written Consent by all 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:

Amanda Fowler

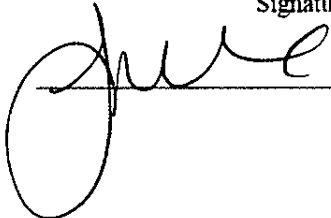
1895 Gandy Ave

Suite 1600

Orlando, FL 32801

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



Printed Name

Amanda Fowler

FILING FEE: \$25.00