

L09000036334Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000003925 3)))



H110000039253ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000000
Phone : (850) 222-1000
Fax Number : (850) 878-5368***RE-SUBMIT***Please retain original filing
date of submission 1/5/2011LLC DISSOLUTION OR WITHDRAWAL
ALLY RISK SERVICES LLC

Certificate of Status	0
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Corporate Filing Menu

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T. HAMPTON

JAN - 7 2011

EXAMINER

11 JAN - 5 AM 8:24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ally Risk Services LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Taylor

(Name of Person)

Ally Financial Inc

(Firm/Company)

MC 482-B-12-C82 200 Renaissance Center

(Address)

Detroit, MI 48265-2000

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Taylor

(Name of Person)

at

313

665-6304

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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



January 6, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLY RISK SERVICES LLC
200 RENAISSANCE CENTER
482 B09 C24
DETROIT, MI 48265

SUBJECT: ALLY RISK SERVICES LLC
REF: L09000036334

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the correct form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

FAX Aud. #: H11000003925
Letter Number: 311A00000456

RECEIVED
11 JAN -6 PM12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

11 JAN -5 AM 8:25

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Ally Risk Services LLC

2. The Articles of Organization were filed on 4/15/09 and assigned document number
L09000036334

3. The date the dissolution was approved: Effective immediately

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Ally Risk Services LLC has not, nor will it, commence business in the State of Florida.

5. CHECK ONE:

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☐ There are no suits pending against the company in any court.

-OR-

☒ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]

Barbara Taylor

FILING FEE: \$25.00