## L03000015961

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	·
. (Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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Office Use Only



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05/04/10--01039--014 \*\*25.00

DESIGNATION OF STATES

N. Cathgan JUN 1 7 2015



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2010

ROBERT POWELL COLLECTION LICENSING, LLC PO BOX 630995 LITTLETON, CO 80163

SUBJECT: COLLECT JACKSONVILLE, LLC

Ref. Number: L03000015961

We have received your document for COLLECT JACKSONVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00011325

## **COVER LETTER**

TO:

Registration Section

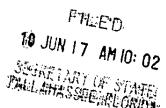
Tallahassee, FL 32314

Div	ision of Corporations		
SUBJECT:	Collection Jacksonville, LLC		
SUBSECT.	(Name of Li	mited Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are sub	mitted for filing.	
Please return	all correspondence concerning this matte	r to the following:	
;	Robert Powell		
		Name of Person)	
	Collection Licensing, LLC		
		(Firm/Company)	
	P O Box 630995		
		(Address)	<del></del>
	Littleton, CO 80163		
	(City	//State and Zip Code)	
For further in	nformation concerning this matter, please	call:	
Robert Powell		at ( 303 ) 451-158	6
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
<b>√ \$</b> 25.00 Filir	ng 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	STREET/COUI Registration Sect	RIER ADDRESS:
	Division of Corporations Division of Clifton Bu		orations

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	STATE SEE ALOUD
Collect Jacksonville, LLC	
2. The Articles of Organization were filed on 05/02/200	3 and assigned document number
L03000015961	
3. The date the dissolution was approved: 514	110
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	d liability company's dissolution pursuant to section er letter).
Ceased doing business & closed the office.	·····
5. CHECK ONE:	·
<del></del>	nited liability company have been paid or discharged.
-OR-	bts, obligations and liabilities pursuant to s. 608.4421.
<del>_</del> · ·	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
OR- Adequate provision has been made for the same entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Steven D. Gra	Steven Ira
<del></del>	<u> </u>
•	• ;

FILING FEE: \$25.00