L04000003235

| (Red | questor's Name) | | |
|---|-----------------|-----------------|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) $LO4 - 3235$ (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
|] | | | |
| | | | |
| | | 15. mil 27.00 m | |

Office Use Only



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SEUREJARY OF STATE

N. Compan SEP 15 2000



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 8, 2010

WILLIAM B. MAYS 2356 BUCKINGHAM RUN COURT ORLANDO, FL 32828

SUBJECT: EQUILLIANCE CLOSING SERVICES, LLC

Ref. Number: L04000003235

We have received your document for EQUILLIANCE CLOSING SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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: 210A00021340

COVER LETTER

| | stration Section sion of Corporations | | | |
|---------------------------|---|---|--|--|
| SUBJECT: | Equilliance Closing Serv | rices, LLC | | |
| | | Limited Liability Company) | | |
| The enclosed | Articles of Dissolution and fee(s) are su | ubmitted for filing. | | |
| | all correspondence concerning this matt | • | | |
| | William B. Mays | | | |
| (Name of Person) | | | | |
| | | (Firm/Company) | | |
| 2356 Buckingham Run Court | | | | |
| | | (Address) | | |
| Orlando, FL 32828 | | | | |
| | (Cr | ty/State and Zip Code) | | |
| For further inf | formation concerning this matter, please | e call: | | |
| Wil | liam B. Mays | at (407) 282-3697 | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed is a ch | eck for the following amount: | | | |
| \$25.00 Filing | Fee 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | MAILING ADDRESS: | STREET/COURIER ADDRESS: | | |
| | Registration Section Division of Corporations | Registration Section Division of Corporations | | |
| | P.O. Box 6327 | Clifton Building | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED:
10 SEP 15 PM 3: 35
SEGRETARY OF STATE

| The name of a limited liability company is Equilliance Closing Services, LLC | TALLAHASSEE, FLORIDA |
|--|--|
| 2. The Articles of Organization were filed on 1/13/2004 L04000003235 | and assigned document number |
| 3. The date the dissolution was approved: 1 August 2010 | <u>o</u> |
| 4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover lette | ity company's dissolution pursuant to section |
| Partners dissolved company. | |
| | |
| 5. CHECK ONE: | |
| All debts, obligations and liabilities of the limited lia OR- Adequate provision has been made for the debts, obl | |
| All remaining property and assets have been distributed amorights and interests. | ng its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the company in a OR-Adequate provision has been made for the satisfaction entered against it in any pending suit. | • |
| gnatures of the members having the same percentage of member | ship interests necessary to approve the dissolution: |
| Signature | Printed Name |
| My - | William B. Mays |
| ************************************** | |
| | |
| | |

FILING FEE: \$25.00