

L050000 26968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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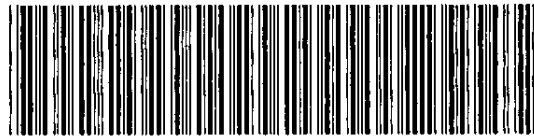
(Business Entity Name)

(Document Number)

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10 AUG 18 PM 4:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
AUG 19 2010
EXAMINER

FILED
10 AUG 18 AM 8:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 482985 4338458

AUTHORIZATION :

COST LIMIT : \$

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 18 AM 8:55

[Handwritten Signature]

ORDER DATE : August 18, 2010

ORDER TIME : 3:24 PM

ORDER NO. : 482985-015

CUSTOMER NO: 4338458

DOMESTIC FILINGS

NAME: NVEST2005, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT# 2933

EXAMINER'S INITIALS: _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NVEST2005, LLC

2. The Articles of Organization were filed on 3/17/2005 and assigned document number L05000026968.

3. The date the dissolution was approved: 8/16/2010.

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).

written consent of the sole member

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

Paul A. Koches

Printed Name

Ocwen Financial Corporation

by: Paul A. Koches, EVP & Secretary

FILING FEE: \$25.00

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SECRETARY OF STATE
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