

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

G. MCLEOD

JAN 14 2011

EXAMINER



200188835442

12/27/10--01007--014 **35.00

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2255 Glades Road, Suite 118 East Boca Raton, Florida 33431 (800) 670-6777 (800) 662-2218 (fax)

January 5, 2011

Florida	Department	of Kare
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Division of Corporations

Gina McLeod

Regulatory Specialist,

P.O. Box 6327

Tallahassee, FL 32314

Subject:

Settlement Holdings 1, LLC

Reference: No. L05000051331/LTR 110A00030039

Dear Mrs. McLeod:

We received the December 29th, 2010 letter from you in response to our request to dissolve the above subject corporation. The form which we received has been completed and being returned herewith.

In submitting, we noticed the filing fee of \$25.00 and have mailed previously \$35.00. Can we expect a refund by return mail after all has been completed? If there are any questions, please feel free to contact me directly at 800 670-6777 EXT 6694, or 561 988-6694 or email: mmihalchik@singerasset.com

Thank you kindly for your assistance Gina and Happy New Year to you.

Sincerely,

Mary Ann Mihalchik

Office Administrator

Encl.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SETTLEMENT HOLDINGS 1 LLC (Name of Limited Liability Company)				
(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:				
HOWARD WEINBERGER (Name of Person)				
(Name of Person)				
Clo SINGER ASSET FINANCE CONPANT (Firm/Company)				
(Firm/Company)				
2255 GLADES RD SUITE 118E				
2255 GLATES RD SUITE 118E				
BOCA RATON FL 33431 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (S61) 988 6772 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

1. The name of a limited liability company is	4
Settle new Holomes	1, uc
2. The Articles of Organization were filed on 5/	23 / 05 and assigned document number
3. The date the dissolution was approved: 12 21	
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
No conser operation as	ongoine business.
5. CHECK ONE;	
All debts, obligations and liabilities of the li	imited liability company have been paid or discharged.
OR-Adequate provision has been made for the d	lebts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributing rights and interests.	ated among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp OR- Adequate provision has been made for the s entered against it in any pending suit.	eany in any court. atisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
de W	HOWARD WEINBERGER
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