

U60000 12192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

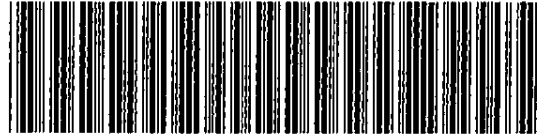
(Business Entity Name)

(Document Number)

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04/17/08--01036--017 \*\*25.00

**FILED**  
08 APR 17 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
APR 17 2008  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATHLETICS FINANCIAL SERVICES LLC  
(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:

CLAYTON HAMILTON

(Name of Person)

ATHLETICS FINANCIAL SERVICES LLC

(Firm/Company)

PO BOX 18142

(Address)

BOULDER, CO 80308

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 17 11:12:00

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For further information concerning this matter, please call:

CLAYTON HAMILTON

(Name of Person)

at ( 803 ) 492-8623

(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

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

1. The name of a limited liability company is

ATHLETICS FINANCIAL SERVICES, LLS

2. The Articles of Organization were filed on 2-3-06 and assigned document number

L06000012192

3. The date the dissolution was approved: 6/1/07

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).

MEMBERS MOVED OUT OF STATE OF FLORIDA.  
NO LONGER WILL BE CONDUCTING BUSINESS  
IN 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

Clayton Hamilton

Printed Name

CLAYTON HAMILTON

**FILED**  
08 APR 17 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**