

206000032017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

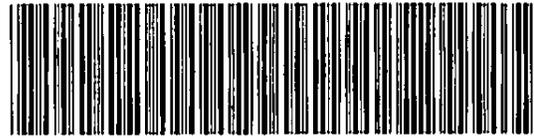
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/03/23--01013--012 \*\*25.00

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2003 JAN -3 AM 9:14  
STATE  
OFFICE FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Secure 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:

Judith C. Alban  
(Name of Person)

Secure Financial Services LLC  
(Firm/Company)

116 Worthington Circle  
(Address)

St Louis, MO 63128  
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith C Alban at (941) 7309321  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2023 JUN -3 AM 9:14

1. The name of a limited liability company is

Secure Financial Services LLC STATE OF FL

2. The Articles of Organization were filed on 03/27/2006 and assigned

document number LD6000032017

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2022  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I have retired and moved to FLORIDA

There will be no further income.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Judith C. Alban

116 Worthington Circle

St Louis Mo 63128

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Judith C Alban  
Signature

Judith C. Alban  
Printed Name  
mgr.

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Secure Financial Services LLC

Document number of Limited Liability Company is: LO6000032017

Date of dissolution was: Dec 31, 2022

Description of information that must be included in a written claim:

I have retired and moved to Missouri  
There will be no further income.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

116 Worthington Circle  
St Louis MO 63128

2023-01-03 AM 9:14  
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SD

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Judith C Alban Mgr  
Printed Name of the Person Filing

Judith C Alban mgr  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00