

# LO8000053023

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
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RECEIVED  
15 JAN 26 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC DISSOLUTION OR WITHDRAWAL  
PORTFOLIO MANAGEMENT OUTSOURCING SOLUTIONS,  
LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
15 JAN 26 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Portfolio Management Outsourcing Solutions, 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:

Teresa Denoncourt  
(Name of Person)  
Portfolio Management Outsourcing Solutions, LLC  
(Firm/Company)  
12001 Science Drive, Suite 100  
(Address)  
Orlando, FL 32826  
(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Denoncourt at ( 561 ) 682-8797  
(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/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  
Portfolio Management Outsourcing Solutions, LLC
- 2. The Articles of Organization were filed on 05-29-2008 and assigned  
document number L08000053023
- 3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
- 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).  
Written consent of the sole member  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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:

Signature	Printed Name
	Altisource Solutions S.à r.l., sole member by: Kevin J. Wilcox, Manager

**FILING FEE: \$25.00**

**FILED**  
15 JAN 26 AM 7:45  
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