

LD8 000093669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

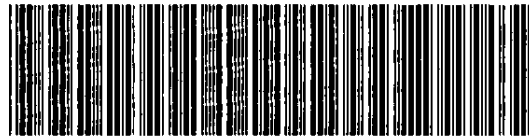
(Business Entity Name)

(Document Number)

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

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08/02/10--01008--002 \*\*25.00

T. CLINE

AUG - 3 2010

EXAMINER

2010 AUG - 2 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

07/28/2010

Attn: Florida Department of State

Re: Dissolution of LLC

To Whom It May Concern,

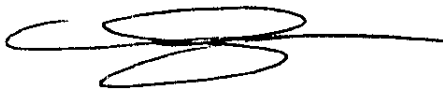
I am submitting the Articles of Dissolution and the fee associated with this action to dissolve Loss Mitigation Counseling Services, LLC. As the sole member of this LLC I made the decision to dissolve this entity in January of this year. My attorney said that this LLC would dissolve without any action on my part. I have since been told that this is not the case.

Please find the necessary documentation to dissolve this LLC and if you would be so kind to confirm this to me at the below address and contact information:

Bob Zimmer  
Zimmer Group, LLC  
8695 College Parkway #1141  
Fort Myers, FL 33919  
239-333-1844

Thank you for your assistance with this matter.

My Regards,



Bob Zimmer  
Zimmer Group, LLC  
8695 College Parkway #1141  
Fort Myers, FL 33919  
239-333-1844

2010 AUG -2 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Loss Mitigation Counseling 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:

Bob Zimmer

(Name of Person)

Zimmer Group, LLC

(Firm/Company)

8695 College Parkway Suite 1141

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Zimmer

(Name of Person)

at ( 239 ) 333-1844

(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

FILED  
AUG -2 AM 10:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

1. The name of a limited liability company is

Loss Mitigation Counseling Services, LLC

2. The Articles of Organization were filed on 10/02/2008 and assigned document number L08000093669

3. The date the dissolution was approved: 07/28/2010

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).

Regulatory changes have changed this business model to one that is no longer viable.

As sole member of this LLC I made the decision to close this business in January of this year. I was told the LLC would dissolve by itself with no action. Per F.S 408.441 I now realize that this will not happen so I am formally closing the company at this time.

**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 § 608.441.

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

Printed Name

Robert P. Zimmer