Courses Louise			
(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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12/14/16--01008--005 \*\*25.00

D. SCOTT DEC 1 5 2016

### **COVER LETTER**

Divisio	on of Corporations		
SUBJECT:	larketplace Home Mortgage, LLC		
SUBJECT: (Name of Limited Liability Company)			
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	Chris E Roya!		
(Name of Person)			
Marketplace Home Mortgage, L.L.C.			
(Firm/Company)			
	7380 France Avenue S., Suite 200		
(Address)			
	Edina, MN 55345		
	(City/State and Zip Code)		
For further info	(City/State and Zip Code)  (City/State and Zip Code)  rmation concerning this matter, please call:		
Chris	E KOYAI 932 637-3300		
<del></del>	(Name of Person) at ()  (Area Code & Daytime Telephone Number)		
Enclosed is a che	ck for the following amount:		
■ \$25.00	Filing Fee and Certificate of Dissolution    S55.00 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

TO:

Registration Section

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

A ...

1. The name of a limited liability company is	
Marketplace Home Mortgage, LLC	
2. The Articles of Organization were filed on 10/28/2	2008 and assigned
document number L08000100904	
	nore than 90 days later than date document is received for filing) he applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back	nited liability company's dissolution pursuant to section k cover letter).
Unanimous decision of sole member.	
5. If there are no members, enter the name and addres activities and affairs:	ss of the person appointed to wind up the company's
activities and arians.	TASE 6
	77 6
	19 mg
6. Signature of an authorized person or if there are no listed above to wind up the company's activities and a	o members, the signature of the person appointed and affairs:
	Keith A. White
Signature	Printed Name

**FILING FEE: \$25.00**