

LD9000061383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100188538291

12/10/10--01008--001 **25.00

FILED
2010 DEC 10 AM 11:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prepaid Financial 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:

Tammy Wingate

(Name of Person)

Prepaid Financial Solutions LLC.

(Firm/Company)

PO Box 163124

(Address)

Altamonte Springs, FL 32716

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL L REYBENI

Tammy Wingate

(Name of Person)

at 305 334-7420
407 227-1221

(Area Code & Daytime Telephone Number)

407 227 1221

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

FILED

2010 DEC 10 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Prepaid Financial Solutions LLC.

2. The Articles of Organization were filed on 6/23/2009 and assigned document number
L09000061383

3. The date the dissolution was approved: 12/03/2010

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).

Loss of business

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.

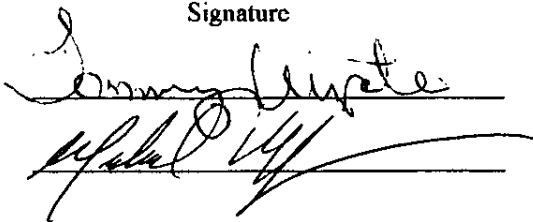
7. CHECK ONE:

- ☒ 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

Printed Name



Tammy Wingate

Michael Rejbeni