1200086651

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

G. MCLEOD

MAY 1 0 2010

EXAMINER



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SECRETARY OF CHARAIDA

COVER LETTER

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: LOSS MITIGATION PROFESSIONALS OF SOUTH (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:
RYAN T. EVANS (Name of Person) LOSS MITHATION PROFESSIONALS OF SOUTH FLORIDA (Firm/Company)
2903 FOXBORD COURT (Address) BOYNTON BEACH, FL 3343LD (City/State and Zip Code)
For further information concerning this matter, please call: 561 702-9759 RYAN J. EVANS at (561) 909-1026 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum{30.00 Filing Fee & Certificate of Status}\$ \$\sum{555.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$ \$\sum{60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$ \$\sum{60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS: Registration Section Division of Corporations 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
LOSS MITIGATION PROFESSIONALS OF SOUTH TLORITA.
2. The Articles of Organization were filed on SEPT. 8, 2009 and assigned document number LO90000 86651.
3. The date the dissolution was approved: APRIL 28, 2010
 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).
MANAGING MENBERS NO LONGER DESIRE TO
GERATE BUSINESS AND ARE GLOSENGE TO PURSUE
COTHER OPERTURITIES.
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.
 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
Fran J. Evans
John W. Weekes 3 50
John W. WEEKES
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