

**LD9000089164**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

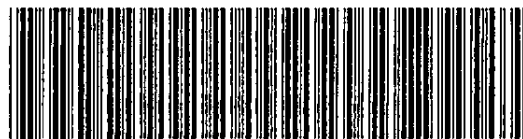
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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02/10/11--01006--001 \*\*35.00

**FILED**  
2011 FEB 22 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**FEB 22 2011**

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2011

DARREL FREEMAN  
CREDIT HELP USA LLC  
5381 WINROSE FALLS DR  
JACKSONVILLE, FL 32258

SUBJECT: CREDIT HELP USA, LLC  
Ref. Number: L09000089164

We have received your document for CREDIT HELP USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 111A00003619

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CREDIT HELP USA, 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:

Darrel Freeman  
(Name of Person)  
CREDIT HELP USA LLC  
(Firm/Company)  
5381 WINROSE AVE DR  
(Address)  
JACKSONVILLE FL 32258  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darrel Freeman at 904 226-3037  
(Name of Person) (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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2011 FEB 22 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

CREDIT HELP USA LLC

2. The Articles of Organization were filed on SEP 15<sup>TH</sup> 2009 and assigned document number

L09000089164

3. The date the dissolution was approved: DEC 31<sup>ST</sup> 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).

COMPANY NEVER WENT INTO 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  
Darrel Freeman

Printed Name

Darrel Freeman 100%