

LO9000 12/206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

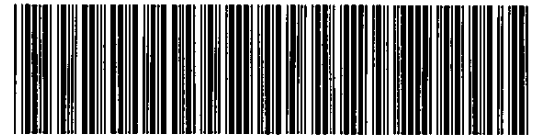
(Business Entity Name)

(Document Number)

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HARRISBURG, PENNSYLVANIA

JUL 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIRECT CONSUMER INFORMATION 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:

MICHAEL LEITMAN

(Name of Person)

(Firm/Company)

16445 COLLINS AVENUE APT 2025

(Address)

SUNNY ISLES, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL LEITMAN

(Name of Person)

at (954) 554-0291
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Direct Consumer Information LLC

2. The Articles of Organization were filed on 12/21/2009 and assigned

document number L09000121206

3. The delayed effective date the dissolution if not effective on the date of filing: Aug 1, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Close of business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael Leitman

16445 Collins Ave Apt 202S

Sunny Isles, FL 33160

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Michael Leitman
Printed Name

FILING FEE: \$25.00

FILED
2014 JUL 10 PM 12:40
CLERK OF STATE
TALLAHASSEE FLORIDA