

**L100000105335**

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

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

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

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

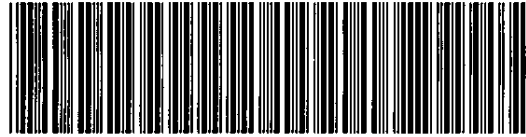
Special Instructions to Filing Officer:

**L. SELLERS**

JAN 18 2011

**EXAMINER**

Office Use Only



**600188836156**

12/27/10--01012--024 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 14 PM 1:47

**FILED**

*Wrong form*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Short Sale Solutions of St. Augustine 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:

Vickie A. Rianda

(Name of Person)

Short Sale Solutions of St. Augustine LLC

(Firm/Company)

9 Alfred Street

(Address)

St. Augustine, FL 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

Vickie A. Rianda

(Name of Person)

at ( 904 ) 471-7272

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2010

VICKIE A. RIANDA  
9 ALFRED STREET  
ST. AUGUSTINE, FL 32084

SUBJECT: SHORT SALE SOLUTIONS OF ST. AUGUSTINE LLC  
Ref. Number: L10000105335

We have received your document for SHORT SALE SOLUTIONS OF ST. AUGUSTINE 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).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 410A00030199

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Short Sale Solutions of St. Augustine LLC

2. The Articles of Organization were filed on 10/8/10 and assigned document number

3. The date the dissolution was approved: 10/10/10

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).

NO BUSINESS HAS BEEN TRANSACTED

**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

Vickie A. Rianda

11 JAN 14 PM 1:47  
TALLAHASSEE  
STATE  
OFFICE  
FLORIDA

**FILING FEE: \$25.00**