

3/18/2015 12:34:24 From: To: 8506176383

(1/2)

Division of Corporations

Page 1 of 1

L11000016556

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000068413 3)))



H150000684133ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL
ASSET RECOVERY IX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

15 MAR 18 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 18 AM 11:13

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 19 2015

T. HAMPTON

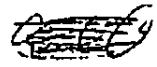
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Asset Recovery IX, LLC
2. The Articles of Organization were filed on February 8, 2011 and assigned
document number L11000016556
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
The consent of all the members

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

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

 David Applebe
Printed Name

FILING FEE: \$25.00

FILED
15 MAR 18 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA