

L11000103 403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

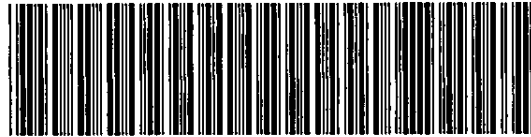
(Business Entity Name)

(Document Number)

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

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16 MAR -7 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 08 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FirstSource ESM, 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:

Scott Wilson

(Name of Person)

(Firm/Company)

350 East Ogden Avenue

(Address)

Westmont IL 60559

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Wilson

(Name of Person)

at ( 630 ) 920-0000

(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

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

1. The name of a limited liability company is

FirstSource ESM, LLC

2. The Articles of Organization were filed on 09/01/2011 and assigned

document number L11000103403

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Company dissolved due to non activity

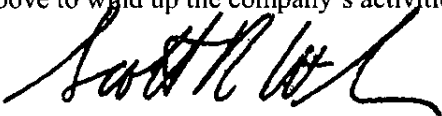
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Scott Wilson

350 East Ogden Avenue

Westmont IL 60559

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

Scott Wilson

Printed Name

**FILING FEE: \$25.00**

**FILED**  
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