

L11000123761

(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:

Office Use Only



300242537073

12/11/12--01014--006 **35.00

FILED

13 JAN 18 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 22 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transfer Title Department Services, 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:

Iris Edri
(Name of Person)

Transfer Title Department Services, LLC
(Firm/Company)

12321 NW 29th PL
(Address)

Sunrise FL 33323
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 18 PM 4:43

FILED

For further information concerning this matter, please call:

Iris Edri at (954) 687 7486
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$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**

1. The name of a limited liability company is

Transfer Title Dept. Services, LLC,

2. The Articles of Organization were filed on _____ and assigned document number

211000123761

3. The date the dissolution was approved: _____

August, 2012

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

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

Iris Edri

Printed Name

Iris Edri

FILED
13 JAN 18 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2012

IRIS EDRI
TRANSFER TITLE DEPARTMENT SERVICES, LLC
12321 NW 29TH PLACE
SUNRISE, FL 33323

SUBJECT: TRANSFER TITLE DEPARTMENT SERVICES, LLC.
Ref. Number: L11000123761

We have received your document for TRANSFER TITLE DEPARTMENT SERVICES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00029423