

L17 0000 12084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

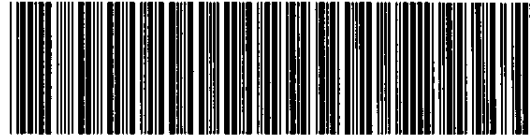
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers NOV 03 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ethical Recovery Solutions, 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:

Mark Giddings

(Name of Person)

Ethical Recovery Solutions

(Firm/Company)

PO Box 681

(Address)

Bradenton, FL 34206

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Giddings

(Name of Person)

941

at ()

729-5941

(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
Ethical Recovery Solutions
2. The Articles of Organization were filed on January 23, 2013 and assigned
document number L13000012084
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).
A lack of revenue caused the business to not be able to maintain it's operations.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Mark Giddings
PO Box 681
Bradenton, FL 34206

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


Signature

Mark Giddings
Printed Name

FILING FEE: \$25.00

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