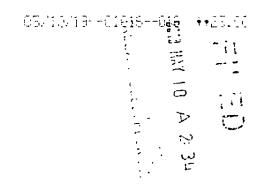
# 14000056do12

(Ossumated News)
(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



900329063089



O SCOTT MAY 22 2019

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

THE RECLAIM AGENCY, 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:

#### STUART T. SMITH

(Name of Person)

# THE RECLAIM AGENCY, LLC

(Firm/Company)

### 3216 W SHADOWLAWN AVE NW

ATLANTA, GA. 30305

(City/State and Zip Code)

For further information concerning this matter, please call:

## STUART SMITH

(Name of Person)

(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

<ol> <li>The name of a limited lia</li> </ol>	bility company is
THE RECLAIM AGENCY	,LLC
2. The Articles of Organiza	tion were filed on 04/07/2014 and assigned
document number 1.14000	0056672
Note: If the date inserted	te the dissolution if not effective on the date of filing: 1/31/2019 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not fective date on the Department of State's records.
4. A description of occurrer	, ය ce that resulted in the limited liability company's dissolution pursuant to secti
605.0707, Florida Statutes	s, (copy 605.0707 on back cover letter).
CORPORATION WAS SET	T UP SUBJECT TO FINAL APPROVAL
CORPORATION WAS AD	OMINISTRATIVELY DISSOLVED ON 9/22/2017  enter the name and address of the person appointed to wind up the company's
activities and affairs:	STUART SMITH
	3216 W SHADOWLAWN AVE, NW
	ATLANTA, GA 30305
<ol> <li>Signature of an authorize isted above to wind up the c</li> </ol>	ed person or if there are no members, the signature of the person appointed and company's activities and affairs:
Sr. Sm	STUANT SMITH
Signature	Printed Name

FILING FEE: \$25.00