L14000107555

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(5)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
	Office Use Onl	lv [*]



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Modern Acceptance Company 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:		
Tames Sono		
Tames Seg 0 (Name of Person)		
madrine According Company IIC		
Moder: Acceptance Company LLC (Firm/Company)		
P.D. BCX 2290 (Address)		
(Address)		
Coeur D'Alene, IDaho. 83816 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tames Sqo at (630) 101-880 (Area Code & Daytime Telephone Number)		
(That code a Sayame Pelephone Namber)		
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: STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Moder	n Acceptance Company LLC
2. The Articles of Organization	were filed on 7 17 2014 and assigned
document number	000107555
3. The delayed effective date the (effective da	dissolution if not effective on the date of filing:
605.0707, Florida Statutes, (co	nat resulted in the limited liability company's dissolution pursuant to section py 605.0707 on back cover letter).
voluntary distr	rissal due to change in circumstances
	the name and address of the person appointed to wind up the company's
activities and affairs:	James Sego
-	P.O.Box 2290
-	Coeur D'Alene, IDAHO 83816
6. Signature of an authorized per listed above to wind up the comp	son or if there are no members, the signature of the person appointed and any's activities and affairs:
Signature	James Sego Printed Name
Signature	FILING FEE: \$25.00
·	A SE