

L15000012446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

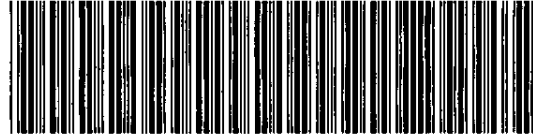
(Business Entity Name)

(Document Number)

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

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Office Use Only



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16 JAN 15 PM 12:55  
CLERK OF COURT  
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CLERK OF COURT

JAN 19 2016

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEVERAGED COLLECTION 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:

MICHAEL KOLODIN  
(Name of Person)  
LEVERAGED COLLECTION SOLUTIONS, LLC  
(Firm/Company)  
800 BELLE TERRE PKWY SUITE #200 / #302  
(Address)  
PALM COAST, FLORIDA 32164  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KOLODIN at ( 386 ) 586-6165  
(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

1. The name of a limited liability company is

LEVERAGED COLLECTION SOLUTIONS, LLC

2. The Articles of Organization were filed on 1/21/2015 and assigned

document number L15000012446

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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).

UNSUCCESSFUL BUSINESS VENTURE

NO REVENUE

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

MICHAEL KOLODIN  
800 BELLE TERRE PKWY, SUITE #200 / #302  
PAUM COAST, FLORIDA 32164

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

MICHAEL KOLODIN  
Printed Name

FILING FEE: \$25.00

16 JAN 15 PM 2:55

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LEVERAGED COLLECTION SOLUTIONS, LLC

Document number of Limited Liability Company is: 45000012446

Date of dissolution was: 1/11/2016

Description of information that must be included in a written claim:

NAME OF COMPANY OR PERSON  
CONTACT NAME IF A COMPANY  
STREET ADDRESS  
CITY, STATE + ZIP CODE  
PHONE NUMBER + REASON FOR CLAIM

FILED  
16 JAN 15 PM 12:55  
CLERK OF COURT  
JAN 15 2016  
CLERK OF COURT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

LEVERAGED COLLECTION SOLUTIONS, LLC  
800 BELLE TERRE PKWY, SUITE #200/#302  
PAUM COAST, FLORIDA 32164

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michael Kolodny  
Printed Name of the Person Filing

Michael Kolodny  
Signature of the Person Filing