

L15000030484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

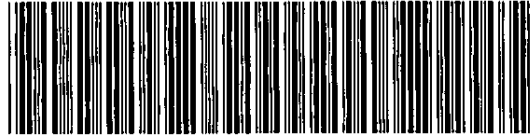
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN 11 P 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of LLC Dissolution

DOCUMENT NUMBER: L15000030484

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Mag

(Name of Contact Person)

(Firm/Company)

17890 W. Dixie Hwy #407

(Address)

NMB, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Mag

(Name of Contact Person)

at (**954**)

(Area Code)

367-6200

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

Allience Credit Solution, LLC

2. The Articles of Organization were filed on 02/10/2015 and assigned

document number L15000030484

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)

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).

out of business

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

activities and affairs:

Kim Mag

17890 W. Dixie Hwy

Ste # 407

North Miami Beach, FL 33160

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

Kim Mag

Printed Name

FILING FEE: \$25.00

FILED
2015 JUN 11 9 23
SECRETARY OF STATE
TALLAHASSEE FLORIDA