

215000123107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

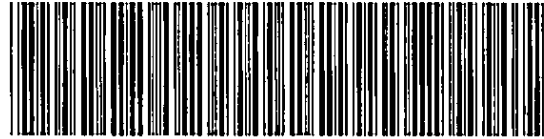
(Business Entity Name)

(Document Number)

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

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STATE OF MICHIGAN  
DEPARTMENT OF TREASURY  
FEB 11 2019 10:10 AM

2019 FEB - 1 AM 11: 26

FILED

D. BRUCE  
FEB 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Ultimate Referral Service 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:

**Rob L. Lowe**

(Name of Person)

**Lowe Realty & Investments**

(Firm/Company)

**3350 NW Royal Oak Drive**

(Address)

**Jensen beach FL 34957**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Rob Lowe**

(Name of Person)

at **772 225-5880**

(Area Code & Daytime Telephone Number)

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2019 FEB - 1 AM 11:26  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF REVENUE

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

Ultimate Referral Service LLC

2. The Articles of Organization were filed on 07/16/2015 and assigned

document number L15000123107

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018  
(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).

No revenue or services during the time the company has been open.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Lori Lowe  
Signature

Lori Lowe

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2019 FEB - 1 AM 11:26  
DEPARTMENT OF STATE  
HALL, TALLAHASSEE, FLORIDA