

L15000187108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

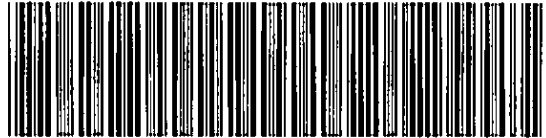
(Business Entity Name)

(Document Number)

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2020/11/02 PM 12:19

Notice Diss

JAN 08 2021

I ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHITE STAR WHOLESale MORTGAGE LLC

**DOCUMENT NUMBER:** L15000187108

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

Please return all correspondence concerning this matter to the following:

Mindi M. Albert, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Williams Coulson

\_\_\_\_\_  
(Firm/Company)

One Gateway Center, 16th Fl., 420 Fort Duquesne Blvd

\_\_\_\_\_  
(Address)

Pittsburgh, PA 15222

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mindi M. Albert, Esq.

at (412) 454-0244

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Notice of Limited Liability Company Dissolution

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: WHITE STAR WHOLESALE MORTGAGE LLC

Document number of Limited Liability Company is: L15000187108

Date of dissolution was: 12/31/2019

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

All such claims must be presented in writing and contain sufficient information to reasonably inform the Limited Liability Company of the identity of the claimant and the nature and substance of the claim.

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

583 EPSILON DRIVE

PITTSBURGH, PA 15238

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.

Joseph V. Salvucci, Manager

Printed Name of the Person Filing

Signature of the Person Filing