

L16000122162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

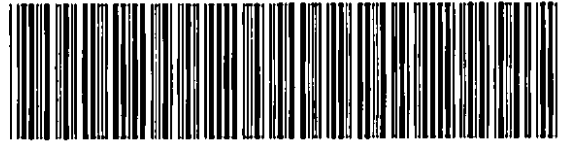
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/20/18--01001--007 **25.00

18 AUG 17 PM 4:47
TALLAHASSEE, FLORIDA

2018 AUG 17 AM 8:51
T. CLINE
AUG 20 2018
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Unsecured Loan Services of North America

LLC

Signature

Requested by: Seth

08/17/18

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

☒ Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

2018 AUG 17 PM 9:51

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

UNSECURED LOAN SPECIALISTS OF NORTH AMERICA, LLC

2. The Articles of Organization were filed on 6/24/2016 and assigned

document number L16000122162

3. The delayed effective date the dissolution if not effective on the date of filing: 9/1/18
(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).

CONSENT OF MEMBERS

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:

Signature

MARCIL MENDES, MANAGER
Printed Name

FILING FEE: \$25.00

2018 AUG 17 AM 9:51