

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHEFFIELD & BOATRIGHT, P.A.
Account Number : I20030000090
Phone : (904) 733-7900
Fax Number : (904) 733-5226

**LLC DISSOLUTION OR WITHDRAWAL
NORTHEAST FLORIDA SETTLEMENT SERVICES, LLC.**

Certificate of Status	0
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S. WARREN

FEB 20 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northeast Florida Settlement Services, 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:

Susan Junod

(Name of Person)

Sheffield & Boatright, P.A.

(Firm/Company)

6101 Gazebo Park Place, N., Suite 103

(Address)

Jacksonville, FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Junod

(Name of Person)

at (904) 733-7900

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Northeast Florida Settlement Services, LLC
2. The Articles of Organization were filed on April 6, 2017 and assigned
document number L17000076455
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).
Consent of all 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: J. Howard Sheffield
6101 Gazebo Park Place, N., Suite 103
Jacksonville, FL 32257
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

J. Howard Sheffield

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE

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