

L17000 156 944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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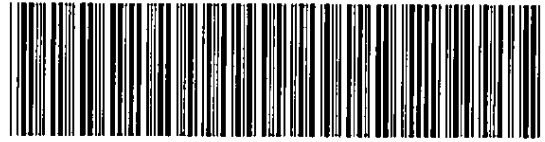
(Business Entity Name)

(Document Number)

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01/16/2016 10:04:40 455.00

20 JAN 16 PM 3:09

STATE OF MISSISSIPPI  
DIVISION OF CORPORATION

FEB 13 2020  
C. MCNAIR

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Settlement Holdco, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

RECEIVED  
TALLAHASSEE, FLORIDA  
20 JAN 16 PM 3:00

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Mudge

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

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

13305 Scrub Jay Court

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

Port Charlotte, FL 33953

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

For further information concerning this matter, please call:

Thomas Mudge

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

941

445-6576

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

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

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

20 JAN 16 PM 3:00  
CLERK OF THE COURT  
JAN 16 2017

1. The name of a limited liability company is

Settlement Holdco, LLC

2. The Articles of Organization were filed on July 24, 2017 and assigned

document number L17000156944

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).

No more business activity, no assets remaining

No more business activity, no assets remaining

No more business activity, no assets remaining

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Thomas Mudge, 13305 Scrub Jay Ct, Port Charlotte, FL 33953 (prior member)

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

Thomas Mudge

Printed Name

**FILING FEE: \$25.00**