L17000159703

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

		PICK	UP: Glinda		
	□ xx	CERTIFIED COPY PHOTOCOPY			
		cus			
	ХХ	FILING	Withdrawal		
1.		XTL SOLUTIONS - PMT, L (CORPORATE NAME AND DOCUME			
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		(CORPORATE NAME AND DOCUME	ENT#)		
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6.		(CORPORATE NAME AND DOCUME	HNT#)		
		(CORPORATE NAME AND DOCUME	ENT#)		
SPI	SPECIAL INSTRUCTIONS:				

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

XTL SOLUTIONS - PMT, 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:

SERGIO PADILLA (Name of Person) REGISTERED AGENT SOLUTIONS, INC. (Firm/Company) 1701 DIRECTORS BLVD. SUITE 300 (Address) AUSTIN, TX 78744

(City/State and Zip Code)

For further information concerning this matter, please call:

SERGIO PADILLA	_{at (} 888	, 705 7274	
(Name of Person)	(Area Code & Daytime Telephone Number)		_
Enclosed is a check for the following amount:			
☐ \$25.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing 1	Fee, Certificate of Dissolution &	

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 18 Jili in 9: 40 IF De

1. The name of a limited	liability company is	STATE 12 AH 9
XTL SOLUTIONS - PA		MARTING FRAINT
2. The Articles of Organ	ization were filed on 07/26/2017	and assigned
document number L17	7000159703	
Note: If the date inserte	date the dissolution if not effecti fective date cannot be prior to or more the ed in this block does not meet the ap effective date on the Department of	nan 90 days later than date document is received for filing)
4. A description of occur 605.0707; Florida Statu	rence that resulted in the limited ites, (copy 605.0707 on back cov	liability company's dissolution pursuant to section or letter).
	ny employee or business and was dorman	
		•
		
5. If there are no many		
activities and affairs:	Anthony A. Cerone	he person appointed to wind up the company's
	3200 S. 70th Stre	eet
	Philadelphia, PA	19153
. Signature of an authorize isted above to wind up the	ed person or if there are no mem company's activities and affairs	bers, the signature of the person appointed and
1-1-1/4		
Multy Chick Signatur		athony A. Cerone
- / Signatur		Printed Name
-	FILING FEE.	X75 00