M09000004902

(Requestor	a Nama)	
(Requestor	s Name)	
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(City/State/2	Zip/Phone #)	
PICK-UP	WAIT MA	IL.
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(Business E	ntity Name)	
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(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Of	ficer:	
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SECRETARY OF STATE
ALLAHASSEE FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: Total Credit Solutions 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:
Seth Fishman
(Name of Person)
Total Credit Solutions L.L.C
(Firm/Company)
2565 South Ocean Blvd
(Address)
Highland Beach, FL 33487
(City/State and Zip Code)
For further information concerning this matter, please call:
Seth Fishman at 561 801-5810
(Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & S60.00 Filing Fee, Certificate of Status & Certificate of Status & S60.00 Filing Fee, Certificate of S60.00 Filing F
(additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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



March 23, 2010

SETH FISHMAN 2565 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487

SUBJECT: TOTAL CREDIT SOLUTIONS L.L.C.

Ref. Number: M09000004902

We have received your document for TOTAL CREDIT SOLUTIONS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 710A00007078

Neysa Culligan Regulatory Specialist II

Division of Cornerations - P.O. BOX 6327 - Tallahasson Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS	Y FOR	
FLORIDA	⊼ _{SS}	1 0
	L A	K
Total Credit Solutions L.L.C.	HASSEE	0 MAR 26 PM
(Name of limited liability company)	FLC SI	<u></u>
Delaware.) RETAIL	_ဌ
(Yurisdiction of its organization)	228	
	_ 	
This limited liability company is no longer transacting business in Florida and sur authority to transact business in this state.	renders	its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida	service based or	on n a
2565 South Ocean Blue	1	
Highland Seach FL 3348	\ T	
(City/State/Zip)	• • •	
The limited liability company agrees to notify the Department of State in the fut change in its marking address	ure of a	ıny
July 1		
(Signature of member of authorized representative of a member)		
(Typed or printed name of signee)		
Anhan at furnish at arbitral		

Filing Fee: \$25.00