## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number

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## LLC DISSOLUTION OR WITHDRAWAL UNIFIED SETTLEMENT SOLUTIONS, LLC

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B. BOSTICK

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EXAMINER

## **COVER LETTER**

	on Section of Corporations			
SUBJECT: Unit	led Settlement Solutio	ns, LLC		
SUBJECT:	(Name of Fo	reign Limited Liabilit	y Company)	••••
Doar Sir or Madam	ı			
The enclosed with	irawal and fee(s) are submitte	ed for filing.		
Picase return all co	rrespondence concerning this	matter to the following	ng:	
Lillian M. ReD	avid			
	(Name of Person)		<del></del>	
Unified Settler	ment Solutions, LLC			
	(Ріпп/Соправу)		- <del>-</del>	
2 Veterans Sq	uare, 2nd Floor			·
	(Address)		<del></del>	.;=-
Media, PA 190	063			
	(City/State and Zip Cod	le)	<del></del>	14 55
For further informs	tion concerning this matter, p	dease call:		>
Lillian M. ReD	avid	610	892-8100	
Ţ	Name of Person)		& Daytime Telephone Number	
Registration Division of Clifton Bu 2661 Exec	Corporations	Reg Divi P.O.	ILING ADDRESS: istration Section slon of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a checi	k for the following amount:			
□ \$25 Filing Fee	Certificate of Status	Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certifled Copy	દ

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Onlined Settlement S	olutions, LLC	
	(Name of limited liability company)	
Pennsylvania		
	(Jurisdiction of its organization)	
07/08/2013		
	(Date registered with Florida Department of State)	
M13000004300		
	(Florida Document Number)	_
This limited liability of	ompany is withdrawing its certificate of authority in this state.	
•	(Signature of member or authorized representative of a member)  Lillian M. ReDavid	
	(Typed or printed name of slopes)	

Filing Fee: \$25.00