

P10000032218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400184093554

08/11/10--01009--019 **30.00

09/14/10--01011--001 **20.00

B-CT
B-CT

FILED
10 SEP 10 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOLDIS w notice
ZOB
9-13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

DANIELLE CANIELLO
6901 OKEECHOBEE BLVD., SUITE K-3
WEST PALM BEACH, FL 33411

SUBJECT: LHS FINANCE & RECOVERY GROUP INC
Ref. Number: P10000032218

We have received your document for LHS FINANCE & RECOVERY GROUP INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 310A00019894

RECEIVED

SEP 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LHS Finance & Recovery Group, Inc

DOCUMENT NUMBER: P10000032218

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)
LHS FINANCE AND Recovery Group "LLC"
(Firm/Company)
6901 Okeechobee Blvd Ste K-3
(Address)
West Palm Beach, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

STACY WANWER at (866) 981-1777
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

LHS Finance and Recovery Group INC

SECOND: The document number of the corporation (if known): P10000032218

THIRD: The file date of the articles of incorporation: 4/13/10

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.


FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Danielle Cantiello
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35

FILED
10 SEP 10 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LHS Finance and Recovery Group INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The Owner of the Corporation no
longer has the funds to maintain
Business

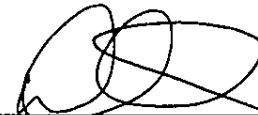
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6901 Okee Chokee Blvd
Suit K 3
WPB FL 33411

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Danielle Cantello

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00