

L08000116197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

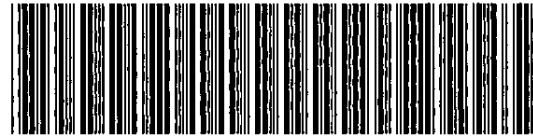
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/22/12--01019-022 \*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W

J. BRYAN

JUL 12 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2012

FREDERICK N MATTHEWS  
13095 KEYSTONE TERRACE  
N. MIAMI, FL 33181

SUBJECT: ASSURANT COMPANIES LLC  
Ref. Number: L08000116197

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TALLAHASSEE, FLORIDA

We have received your document for ASSURANT COMPANIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 812A00017583

CORRECTED FORMS  
ATTACHED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASSURANT COMPANIES LLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

FREDERICK MATTHEWS  
(Name of Person)

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

13095 KEYSTONE TER.  
(Address)

NORTH MIAMI FL 33181  
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERICK MATTHEWS at (305) 807 4858  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2012 JUL 11 PM 1:15  
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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ASSURANT COMPANIES LLC

2. The Articles of Organization were filed on JANUARY 1, 2009 and assigned document number

LO8000116197

3. The date the dissolution was approved: JUNE 30, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes. (copy 608.441 on back cover letter).

WRITTEN CONSENT OF ALL MEMBERS FOR  
DISSOLUTION

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

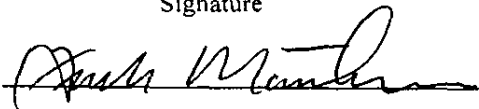
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.  
-OR-  
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

FREDERICK MATTHEWS