

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L000000016070

Staff Insurance, LLC

0

800004740368--0

-12/27/01--01002--016

*****25.00 *****25.00

Effective Date
12-31-01

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC Cancellation | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 DEC 26 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 01 DEC 26 AM 11:38

APPROVED
AND
FILED

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

12/26/01

Order#: 5006674

Ref#: _____

Amount: \$ _____

10-27-01
12-27-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is Staff Insurance, LLC
2. The effective date of the limited liability company's dissolution is December 31, 2001
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

No longer doing business

4. 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.

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

6. 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

Typed or Printed name

Staff Leasing, Inc. BY: Michael W. Ehresman,
its, Sr. VP Strategic
Initiatives

Filing Fee: \$25.00

APPROVED
AND
FILED
01 DEC 26 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA