

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L00000 0016072

Staff Insurance Agency, LLC

Effective Date  
12-31-01

600004740366-1-6  
12/27/01--01002--015  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 DEC 26 PM 4:11

RECEIVED

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                         | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |  |   |
| <input type="checkbox"/> Foreign             | <input checked="" 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 type="checkbox"/> LLC                 | <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            |  |   |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 26 AM 11:36

APPROVED  
AND  
FILED

Name \_\_\_\_\_ 12/26/01  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

Order#: 5006674

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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 Agency, 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.

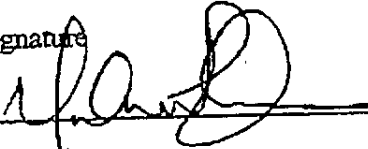
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

01 DEC 26 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**Filing Fee: \$25.00**