

L02000007379

ALLIED ABSTRACT & TITLE CO.  
549 WYMORE RD N.  
MAITLAND FL 32751  
407 647 2820

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ALLIED ABSTRACT  
(Corporation Name) (Document #)
2. AND TITLE COMPANY  
(Corporation Name) (Document #)
3. ABRAHAM, LLC L02-379  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/16/02--01063--001  
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

WLS/27  
02 AUG 27 AM 9:22  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 16, 2002

ALLIED ABSTRACT AND TITLE COMPANY/COLE-ABRAHAM, LLC  
549 WYMORE RD N.  
MAITLAND, FL 32751

SUBJECT: ALLIED ABSTRACT AND TITLE COMPANY/COLE-ABRAHAM, LLC  
Ref. Number: L02000007379

We have received your document for ALLIED ABSTRACT AND TITLE COMPANY/COLE-ABRAHAM, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited partnership instead of a limited liability company. Enclosed is the correct form for your entity.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 802A00048658

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DIVISION OF CORPORATIONS  
AUG 27 AM 9:22

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is  Allied Abstract and Title Company / Cole - Abraham, LLC
2. The effective date of the limited liability company's dissolution is  August 01, 2002
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).

The reason for cancellation is withdrawal of limited partner from partnership.

**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

John E. Bell III

Typed or Printed name

John E Bell III

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DIVISION OF CORPORATIONS  
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**Filing Fee: \$25.00**