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163-282

COVER LETTER

egistration Section vivision of Corporations
r: 1st Life Financial, LLC (Name of Limited Liability Company)
sed Articles of Dissolution and fee(s) are submitted for filing.
arn all correspondence concerning this matter to the following:
William Cole
(Name of Person)

(Firm/Company)
4970 Lazy Oaks Way
(Address)
St. Cloud, FL 34771
(City/State and Zip Code)
(City/State and Zip Code) r information concerning this matter, please call:
William Cole at (407) 697-0178
(Name of Person) (Area Code & Daytime Telephone Number)
a check for the following amount:
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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

1. The name of a limited liability company is			
1st Life Financial, LLC			
2. The Articles of Organization were filed on01 L03000000282	/03/2003	_ and assigned document n	umber
3. The date the dissolution was approved: June 24. A description of occurrence that resulted in the limit		-·	n
608.441, Florida Statutes, (copy 608.441 on back co	over letter).		
5. CHECK ONE:			
All debts, obligations and liabilities of the local Adequate provision has been made for the control of the local Adequate provision has been made for the control of the local Adequate provision has been made for			
6. All remaining property and assets have been distributing rights and interests.	uted among its members in	accordance with their resp	ective
7. CHECK ONE:		ASS ASS	, 1
There are no suits pending against the comp	pany in any court.		ga ú
Adequate provision has been made for the sentered against it in any pending suit.	satisfaction of any judgmer	三型 · ·	nay be
gnatures of the members having the same percentage of	membership interests nece	essary to approve the dissol	lution:
Signature		Printed Name	
	William	Cole	
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