

L03000024950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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L03-24950

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000040114580

08/16/04--01048--011 \*\*25.00

04 AUG 16 PM 3:37

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

1. The name of the limited liability company is Allied Abstract and  
the company ICON LLC
2. The effective date of the limited liability company's dissolution is 8-1-04
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).

See attached

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

John E. Bell

John E. Bell

**CERTIFICATE OF CANCELLATION  
FOR**

\_\_\_\_\_  
(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,  
whose certificate was filed with the Florida Department of State on \_\_\_\_\_,  
hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)

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

**SECOND:** This certificate of cancellation shall be effective at the time of its filing with the  
Florida Department of State.

**THIRD:** Signatures of all genetal partners:

\_\_\_\_\_  
*Jim Bell*  
\_\_\_\_\_  
\_\_\_\_\_

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Electronic filing receipt