

LO4 0000 40578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

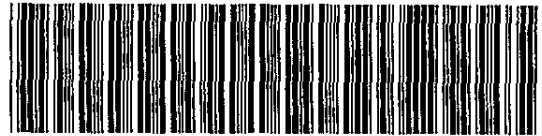
(Business Entity Name)

(Document Number)

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11/29/05--01009--025 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LO4-40578  
OK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2005

ALEX ZELYONY  
17070 COLLINS AVENUE, SUITE 259  
SUNNY ISLES BEACH, FL 33160

SUBJECT: METROPOLITAN TITLE INSURANCE GROUP, LLC  
Ref. Number: L04000040578

We have received your document for METROPOLITAN TITLE INSURANCE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date the document was submitted for filing.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 505A00069938

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Metropolitan Title Insurance Group, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Zelyony

(Name of Person)

Metropolitan Title Company, LLC

(Firm/Company)

17070 Collins Ave, Suite 259

(Address)

Sunny Isles Beach, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Zelyony

(Name of Person)

at ( 305 ) 948-5048

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
Metropolitan Title Insurance Group, LLC

2. The Articles of Organization were filed on 05/27/2004 and assigned document number  
L04000040578

3. The date the dissolution was approved: 10/31/05

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

mutual agreement by principal parties

5. 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 § 608.441.

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

7. 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

Alex Zelyony  
Anna Zelyony

Printed Name

Alex Zelyony

Anna Zelyony

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