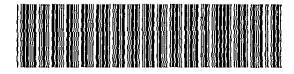
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7		
(Re	questor's Name)	
(Ad	dress)	, <u></u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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CHARLARY OF JANIE LLAHASSEF FLORIDA

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## TRANSMITTAL LETTER

	gistration Section vision of Corporations		
SUBJECT:	Assurance G.	Limited Liability Company)	<u> </u>
The enclose	d Articles of Dissolution and fee(s) are sul	omitted for filing.	
Please return	n all correspondence concerning this matte	er to the following:	
	Julia ?	Motchalova (Name of Person)	
_		(Firm/Company)	
	2336 NE 17	72 Street	
	N. Miani Ber		D TYPE T
For further i	information concerning this matter, please	call:	P 27 HASS
<u>. c</u>	Julia Motchalou (Name of Person)	/a at (305) 49 (Area Code & Daytime	ASSEFF AND Telephone Numbers 26
Enclosed is a	check for the following amount:		Þ
□ \$25.00 Fil	ling Fee S \$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)
	STREET ADDRESS: Registration Section	MAILING ADDR Registration Section	

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

1. The name of the limited liability company is

FROM : JuliaHome

FFX NO. : 3059497837

Sep. 16 3004 05:20PM P2

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

	lted in the limited liability company's dissolution pursuant to
section 608.441, Florida Stanutes, (copy	consent of all of the
members of the le	mited liability company
4. CHECK ONE:	
All debts, obligations and liabilities of the	he limited hability company have been paid or discharged.
• -	he debts, obligations and liabilities pursuant to s. 608.4421.
6. CHECK ONE: 28 There are no suits pending against the co-OR-	>>.
be entered against it in any pending suit.	he satisfaction of any judgment, order or decree which may
Signatures of the members having the sau the dissolution:	ne percentage of membership interests necessary to approve
	Typed or Printed name
Signature	70.2
Signature  Michael  Manual  Amazari	