## LD40000 69438

(D.		
(Requestor's Name)		
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(Cit	ty/State/Zip/Phone	· #)
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PICK-UP	WAIT	MAIL
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(5)		
(Business Entity Name)		
	104-69	428
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officers	
Special Instructions to Filing Officer:		



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SECRETARY OF STATE
SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Dissolu7	Jon of Fl	a. Corp.
DOCUMENT NUMBER: LOKO	00069438	
The enclosed Articles of Dissolution and f	ee are submitted for filing	g.
Please return all correspondence concerning	g this matter to the follow	ving:
RoberTD Rich	.Ter	<del></del>
(Name of	Contact Person)	
Trumbull (en-	Ter Insura; n/Company)	1CP LLC
14830 Tivoli (A	Terrace, B	?
(A	agress)	
Bonita Sp (City/Sta	rings, El. te and Zip Code)	34135
For further information concerning this mat	tter, please call:	
Rober Richter (Name of Contact Person)	at ( <u>239</u> ) <u>3</u> (Area Code &	396 - 29 // Daytime Telephone Number)
Enclosed is a check for the following amou	nt·	,
\$35 Filing Fee \$43.75 Filing Fee & Oiss 6 Justion Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		ET ADDRESS:
Amendment Section		ion of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 25, 2008

ROBERT D. RICHTER 14030 TIVOLI TERRACE, B BONITA SPRINGS, FL 34135

SUBJECT: TRUMBULL CENTER INSURANCE, LLC

Ref. Number: L04000069438

We have received your document for TRUMBULL CENTER INSURANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Letter Number: 008A00005413

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

## FILED

08 FEB -6 AM 8: 39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is	TALLAMASSEL FLUMDA
· · · · · · · · · · · · · · · · · · ·	-Insurance, LLC.
2. The Articles of Organization were filed on	·
3. The date the dissolution was approved:	7
4. A description of occurrence that resulted in the limited I 608.441, Florida Statutes, (copy 608.441 on back cover	lability company's dissolution pursuant to section letter).
- Closed bu	s <i>i</i>
5. CHECK ONE:	
All debts, obligations and liabilities of the limit	ed liability company have been paid or discharged.
Adequate provision has been made for the debts	s, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed rights and interests.	among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company	in any court.
OR- Adequate provision has been made for the satisf entered against it in any pending suit.	faction of any judgment, order or decree which may be
matures of the members having the same percentage of men	nbership interests necessary to approve the dissolution:
Signature	Printed Name
What D Riktor	Robert D Richter
The form that the state of the	
<del></del>	