L05006033423

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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2001 OCT 29 P I2: 51 SECRETARY OF STATE

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COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: MANSFIELD CLAIMS SERVICE LLC (Name of Limited Liability Company) | - | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | | |
| Judy Ann Ackles | | | |
| (Name of Person) | | | |
| Mansfield Claims Service LLC (Firm/Company) 13606 - 5th Ave NE (Address) Bradenton FL 34212 | | | |
| (Firm/Company) | 9 | | |
| 13606 - 5th Ave NE | | | |
| (Address) | | | |
| Bradenton FL 34212 Bradenton FL 34212 Bradenton FL 34212 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Judy Ackles 941 , 920-7317 | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | - | | |
| Enclosed is a check for the following amount: | | | |
| S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| The name of a limited liability company is Mansfield Claims Service LLC | | |
|--|---|--|
| 2. The Articles of Organization were filed on 04/05/56-2507619 | 2005 and assigned document number | |
| 3. The date the dissolution was approved: 10 25 | (107 | |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cor Company no longer doing business | ed liability company's dissolution pursuant to section ver letter). | |
| | Z00 TALL | |
| | AAH, OC TI | |
| 5. CHECK ONE: | TAR VSS | |
| | mited liability company have been said onglischarged | |
| OR- Adequate provision has been made for the d | ebts, obligations and liabilities promint to. 608. | |
| | ted among its members in according withheir respective | |
| 7. CHECK ONE: | | |
| There are no suits pending against the comp | any in any court. | |
| OR- Adequate provision has been made for the seen tered against it in any pending suit. | atisfaction of any judgment, order or decree which may be | |
| ignatures of the members having the same percentage of membership interests necessary to approve the dissolution | | |
| Signature | Printed Name | |
| 15/1/ | Vreman, Gert-Jan | |
| Edward & Dick | Dick, Edward K | |
| Shawa L. Wells | Weeks, Shauna L | |
| Bullara Sepsher | Hipsher, Barbara L | |
| John manafield | Mansfield, John | |

FILING FEE: \$25.00

Mansfield Claim Service LLC 56-2507619 page 2

Dissolution

Manager/Member

Signature

Judy AND ACKLES
Printed Name

PILED

2001 OCT 29 P 12: 55

SECRETARY OF STATE.
TALLAHASSFF OF STATE.