## LD5000098991

(Requestor's Name)				
(Ac	ldress)	·		
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(Cit	ty/State/Zip/Phon	0 #N		
(Ci	ty/State/Zip/Filon	c #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
•	,			
Certified Conjec	Cortificator	of Status		
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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SECKLIARY OF STATE
FI ORID

M. Guillyma Mak 2 U 2001

## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT:	US Fa (Name of Li	mily Insurance, LLC mited Liability Company)	1
The enclosed Articles	of Dissolution and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	Josh	Name of Person)	
	,	,,	
	$U_{\epsilon}$	Firm/Company) Insuran	CC
	177 8	Firm/Company)  Firm/Company)  A. Perimetr (Address)	Dr. Suik + A-
	3cotts)	Le A 2 95 25 (State and Zip Code)	<u>2.                                    </u>
For further information	n concerning this matter, please of	call:	
<del></del>	Sesh Shasan (Name of Person)	at ( <u>490</u> ) <u>993</u> (Area Code & Daytime	7 - 5759 Telephone Number)
Enclosed is a check for the	ne 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)
MA	ILING ADDRESS:	STREET/COU	RIER ADDRESS:

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

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 07 MAR 19 PM 1:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of a limited liability company is		1 14	illanassee, Flor
US family.	Insurance	LLC	
	10-7-05		ed document number
3. The date the dissolution was approved:		1007	
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ted liability compar over letter).	ny's dissolution purs	uant to section
Split from partners, 1. Florila Maring Donaista.	o longer	having off Artzona.	izes in
5. CHECK ONE:			
All debts, obligations and liabilities of the labeled Adequate provision has been made for the decoupled to the labeled Adequate provision has been made for the decoupled to the labeled	•	• •	•
<ol><li>All remaining property and assets have been distributing rights and interests.</li></ol>	uted among its men	nbers in accordance	with their respective
7. CHECK ONE:			
There are no suits pending against the composite OR- Adequate provision has been made for the sentered against it in any pending suit.	•	udgment, order or de	ecree which may be
gnatures of the members having the same percentage of	membership intere	ests necessary to appa	rove the dissolution:
Signature		Printed Nan	ne
		Josh Jo	hason
			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
	<del> </del>		