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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ackerman Insurance Loss Prevention	
(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:	
Robert H. Ackerman, Jr.	
(Name of Person)	. 22
Ackerman Insurance Loss Prevention (Firm/Company)	190E
(Firm/Company)	င်
2729 Dakleigh Court	=
Robert H. Ackerman, Jr. (Name of Person) Ackerman Insurance Loss Prevention (Firm/Company) 2729 Ogkleigh Court (Address) Tallahassee, FL 32312	2009 DEC 31 AMII: 32
(City/State and Zip Code)	; ~
For further information concerning this matter, please call:	
Robert H. Ackerman Jr. at (850) 2.19-5805 (Name of Person) (Area Code & Daytime Telephone Number)	_
(Name of Person) (Area Code & Daytime Telephone Number)	_
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$ \text{S55.00 Filing Fee & }\ \text{S60.00 Filing Fee & }\ \text{Certificate of Status & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ \text{Certificate of Status & }\ \text{Section Filing Fee & }\ \text{Certificate of Status & }\ Certifi	

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

1. The name of a limited liability company is Ackerman Insurance Loss Prevention	
2. The Articles of Organization were filed on April 27, 2006 and assigned document and L060000 44226. 3. The date the dissolution was approved: 12/29/2009 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). 1 an the only member of the LLC. Therefore, Therefo	חבר או
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 s. 608.442 6. All remaining property and assets have been distributed among its members in accordance with their resperights and interests.	1.
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 materized against it in any pending suit.	y be
Signatures of the members having the same percentage of membership interests necessary to approve the dissolu	ition:
Robert H. Ackerman	丁ィ