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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	<sub>ECT:</sub> Insurance Strateg	ies Group, LL	.C				
		(Name of Limited Lia	bility Company)				
The en	closed Articles of Dissolution and fo	ee(s) are submitted for	r filing.				
Please	return all correspondence concernin	g this matter to the fo	llowing:				
	William Cole	Q1 CD					
		(Name of P	erson)				
Insurance Strategies Group, LLC							
(Firm/Company)							
2151 Consulate Dive # 4							
		(Addres	ss)	-			
Orlando, Fl 32837							
		(City/State and	Zip Code)				
For fur	ther information concerning this ma	atter nlegge calls					
roi iui	the information concerning this ma	ater, prease can.					
	William Cole		at ()	455-5			
	(Name of Person)	)	(Area Code	& Daytime T	elephone Number)		
Enclose	ed is a check for the following amount:						
<b>₹</b> 25.0	00 Filing Fee 30.00 Filing Certificate	of Status C	6.00 Filing Fee & ertified Copy additional copy is e	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRE	CSS:	STREE	T/COUR	IER ADDRESS:		
Registration Section			Registration Section				
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building				orations		
Tallahassee, FL 32314			2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FILED FOR A LIMITED LIABILITY COMPANY 10 FEB | 1 AM | 1:03

SECRETADY OF

TALLAHASSEE, FLORIDA
2006 and assigned document number
10
liability company's dissolution pursuant to section er letter).
ited liability company have been paid or discharged.  ots, obligations and liabilities pursuant to s. 608.4421.
d among its members in accordance with their respective
to annual annual
ny in any court.  isfaction of any judgment, order or decree which may be
embership interests necessary to approve the dissolution:
Printed Name
William Cole