

LO7000038896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

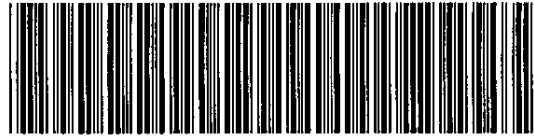
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten Signature]*

Office Use Only



100095489661

FILED  
07 APR 30 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 APR 30 PM 12:21  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: 0721 00000 307

REFERENCE: \_\_\_\_\_  
(Sub Account)

DATE: 04/30/07

REQUESTOR NAME: ATTORNEYS' TITLE INSURANCE FUND, INC.

ADDRESS: 1965 Capital Circle NE, Suite A  
Tallahassee, FL 32308

TELEPHONE: 850 - 222-2785 ext. \_\_\_\_\_

CONTACT NAME: Barbara Keys

CORPORATION NAME: M.E.N. INVESTMENTS, LLC

DOCUMENT NUMBER L07000038896  
(If applicable)

AUTHORIZATION: \_\_\_\_\_  


FILED  
07 APR 30 PM 2:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

\_\_\_\_\_  
CERTIFIED COPY (1-9)  
\_\_\_\_\_  
CERTIFICATE OF STATUS (1-9)  
\_\_\_\_\_  
PLAIN STAMPED COPY  
\_\_\_\_\_  
STATEMENT OF DISSOLUTION

\_\_\_\_\_  
Call When Ready  
XXXX Walk In  
\_\_\_\_\_  
Mail Out

\_\_\_\_\_  
Call if Problem  
\_\_\_\_\_  
Will Wait

\_\_\_\_\_  
After 2:30  
\_\_\_\_\_  
Pick Up

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/State/Zip

850-222-2785

Phone #

FILED  
07 APR 30 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- M.E.N. INVESTMENTS, LLC

2- DOCUMENT # L07000038896

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

#### NEW FILINGS

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | Non-Profit        |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

#### AMENDMENTS

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/>            | Amendment                             |
| <input type="checkbox"/>            | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input checked="" type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

#### OTHER FILINGS

|                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

#### REGISTRATION/QUALIFICATION

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign             |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement       |
| <input type="checkbox"/> | Trademark           |
| <input type="checkbox"/> | Other               |

Examiner's Initials

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M.E.N. INVESTMENTS, LLC  
(Name of Limited Liability Company)

**FILED**  
07 APR 30 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael M. Wilson, Esq.

(Name of Person)

Olmsted & Wilson, P.A.

(Firm/Company)

17801 Murdock Circle, Suite A

(Address)

Port Charlotte, FL 33948

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael M. Wilson

(Name of Person)

at ( 941 ) 624-2700

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
07 APR 30 PM 2:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1. The name of a limited liability company is  
**M.E.N. INVESTMENTS, LLC**

2. The Articles of Organization were filed on **4/11/07** and assigned document number  
**L07000038896**

3. The date the dissolution was approved: **4/12/07**

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).

**The Articles of Organization filed on 4/11/07 were filed in error.**

**M.E.N. Investments, LLC is a Manager-Managed LLC and the**  
**Articles of Organization filed on 4/12/07 and assigned Document No. L07000039349**  
**are true and correct.**

**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. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

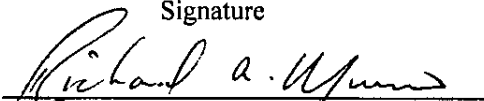
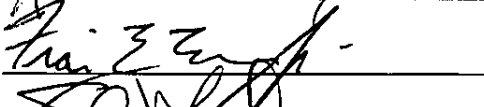
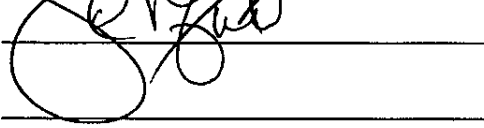
**7. CHECK ONE:**

- ☒ 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 may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

**Richard A. Murno**

**Francis E. Emery, Jr.**

**Sarah Newfield**