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COVER LETTER

	stration Section ion of Corporations		
SUBJECT: _	Alers Insurance (Name of Lir	nited Liability Company)	
	Articles of Dissolution and fee(s) are subrall correspondence concerning this matter	-	
	Marie	M. Alers	30° 8°
	•	rance Services Firm/Company)	LLC SP 22
	1295 Pima	Address)	PH D: I
	Ovieclo (City/	FL 32765 State and Zip Code)	
For further inf	formation concerning this matter, please c	all:	
	(Name of Person)	at (40) 131 (Area Code & Daytime	- SC 9 1 e Telephone Number)
Enclosed is a ch	eck 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/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is			
Alers Insurance	Services LLC		
2. The Articles of Organization were filed on	and assigned document number		
 3. The date the dissolution was approved: 91668 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 			
dissolve this limi	sice shall be concluded.		
Adequate provision has been made for the 6. All remaining property and assets have been distril rights and interests. 7. CHECK ONE: There are no suits pending against the components.	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to secondariate with their respective among its members in accordance with their respective apany in any court. satisfaction of any judgment, order or decree which nay be		
Signatures of the members having the same percentage of Signature	f membership interests necessary to approve the dissolution: Printed Name		
M. ale fillovith	Marie M. Alers NECHOLAS V. ALERS		