

L07000088163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

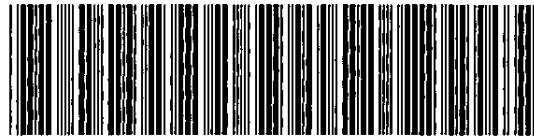
(Business Entity Name)

(Document Number)

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12/27/07--01025--007 \*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 18 PM 4:13

T. HAMPTON

FEB 19 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL FLORIDA INSURANCE INSPECTIONS LLC  
(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:

MOSES D BARRAN  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

331 SE 4TH ST  
(Address)

Deerfield FL 33441  
(City/State and Zip Code)

For further information concerning this matter, please call:

MOSES D BARRAN at (954) 547-5155  
(Name of Person) (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)

see letter you sent.  
monies already sent.

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 FEB 18 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 4, 2008

MOSES D BARRAN  
331 SE 4TH ST  
DEERFIELD, FL 33441

SUBJECT: ALL FLORIDA INSURANCE INSPECTIONS, LLC  
Ref. Number: L07000088163

We have received your document for ALL FLORIDA INSURANCE INSPECTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 708A00000703

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

1. The name of a limited liability company is

ALL FLORIDA Insurance Inspections LLC

2. The Articles of Organization were filed on 8/28/07 and assigned document number

L07000088163

3. The date the dissolution was approved: 12/20/07

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).

Business ~~is~~ DID NOT GET FULLY STARTED

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.

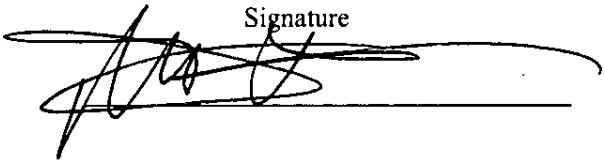
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Moses D Bannan

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DIVISION OF CORPORATIONS  
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FILING FEE: \$25.00