

607000111596

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasiness Entry (Vario)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

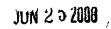
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE INSURANCE GROUP, LLC

(Name of Limited Liability Company)

LICCANIDDA CALAZAD

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

Please return all correspondence concerning this matter to the following:

	LISSANDRA SALAZAR			
	(Name of Person)			
	SUNSHINE INSURANCE GROUP, LLC (Firm/Company)			
	10514	MOSS ROSE WAY		
		(Address)		
	ORLANDO FL 32832			
	(Cit	y/State and Zip Code)		
For further informati	ion concerning this matter, please	call:		
LISSANDRA SALAZAR		_{at (} 321 ₎ 276	-3807	
***	(Name of Person)		me 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



May 6, 2008

LISSANDRA SALAZAR 10514 MOSS ROSE WAY ORLANDO, FL 32832

SUBJECT: SUNSHINE INSURANCE GROUP, LLC

Ref. Number: L07000111596

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

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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

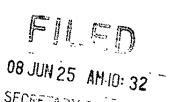
If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 108A00028946

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LYABILITY COMPANY



The name of a limited liability company is SUNSHINE INSU	RANCE GROUP, LLC SECRETARY OF STATE
2. The Articles of Organization were filed on 11/05/2 L07000111596	and assigned document number
3. The date the dissolution was approved: 04/30/20	08
4. A description of occurrence that resulted in the limiter 608.441, Florida Statutes, (copy 608.441 on back coverage)	
5. CHECK ONE:	
-OR-	hited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa -OR-Adequate provision has been made for the sate entered against it in any pending suit.	ny in any court. tisfaction of any judgment, order or decree which may be
signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Lassadro-Salgen	LISSANDRA SALAZAR
Haya-	MARIA BAUZA

FILING FEE: \$25.00