L07000123380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L07-123380

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JUL - 1 2008

EXAMINER

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2008 JUN 30 A 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2008

SANDRA M. SUEIRAS
5827 SW 77 TERR.
S. MIAMI, FL 33143

SUBJECT: MSS INSURANCE GROUP, LLC
Ref. Number: L07000123380

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2008 JUN 20 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MSS INSURANCE GROUP, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 808A00036339

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSS INSURANCE GROUP, 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:

SANDRA M. SUEIRAS
(Name of Person)

(Firm/Company)

5827 SW 77 TERR.
(Address)

S. MIAMI, FL 33143
(City/State and Zip Code)

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2000 JUN 30 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SANDRA SUEIRAS at (786) 543-8920
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [X] $25.00 Filing Fee (PREVIOUSLY SENT)
- [ ] $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

1. The name of a limited liability company is
MSS INSURANCE GROUP, LLC

2. The Articles of Organization were filed on DEC. 12, 2007 and assigned document number
L07000123380

3. The date the dissolution was approved: JUNE 1, 2008

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).
COMPANY NEVER COMMENCED BUSINESS -
ALL MEMBERS AGREED TO DISSOLUTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. **CHECK ONE:**
[X] 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:**
[X] 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
Mario Sueiras	MARIO SUEIRAS
Sandra Sueiras	SANDRA SUEIRAS

FILING FEE: $25.00