

LD8 0000 10398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

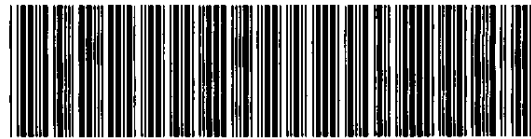
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

JUN 25 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 24 AM 9:36

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2010

JULES MAZZARANTANI
11683 SW 50TH STREET
COOPER CITY, FL 33330

SUBJECT: ALL CLAIMS ADJUSTERS 08 LLC
Ref. Number: L08000010398

We have received your document for ALL CLAIMS ADJUSTERS 08 LLC and your check(s) totaling \$52.50. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 510A00013814

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL CLAIMS ADJUSTERS OF, 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:

Jules Mazzarantani
(Name of Person)

(Firm/Company)

5722 S. Flamingo Rd
(Address)

Cooper City FL 33330
(City/State and Zip Code)

For further information concerning this matter, please call:

Jules Mazzarantani at (954) 817-6475
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ALL CLAIMS ADJUSTERS OS LLC

2. The Articles of Organization were filed on 1-29-2008 and assigned document number

LO8000010398

3. The date the dissolution was approved: May 28, 2010

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).

Upon the written consent of all of the members of the
limited liability company, All Claims Adjusters, OS LLC.

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. 608.442

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.

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TALLAHASSEE, FLORIDA

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

Signature

Printed Name

Jules E. Morzavant
Richard B. Williams

Jules Morzavant
Richard B. Williams