## LOS 0000/4810

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

Office Use Only



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03/10/09--01008--002 \*\*25.00

02/13/09--01006--019 \*\*35.00

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MAR 1 0 2009
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2009

NANCY RYAN 10800 BISCAYNE BLVD., 10TH FLOOR C/O INTERNATIONAL INSURANCE GROUP MIAMI, FL 33161

SUBJECT: MORELAND ENTERPRISES, LLC

Ref. Number: L08000014810

We have received your document for MORELAND ENTERPRISES, 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 for 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: 809A00005392

## **COVER LETTER**

TO:

Registration Section

eRPRISUS LLC nited Liability Company)	
mitted for filing.	
to the following:	
M6 L. Name of Person)	<del></del>
INSULANCE 6F07F  Firm/Company)	
BUD 10th Frook (Address)	2003 HAR -9 ZECKETAR TALLAHASS
61	
State and Zip Code)	
all:	AMIO: 03 SEE.FLORIDA
at (305 ) 206 - 6833	
(Area Code & Daytime Telephone Nu	mber)
Certified Copy Certificate (additional copy is enclosed) Certified Co	
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	
	inited Liability Company)  inited for filing.  to the following:  HGL.  Iame of Person)  INSULANCE GROSP  Firm/Company)  State and Zip Code)  all:  at (305

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	_
MORILAND ENTERPRIS	BB, UC
2. The Articles of Organization were filed on	and assigned document number
L08000014810	and assigned document number
•	
3. The date the dissolution was approved:	12008
	nited liability company's dissolution pursuant to section
DORMANT	ECR M
	データ
	SSE -9
	<u> </u>
5. CHECK ONE:	RATE OS
All debts, obligations and liabilities of the	e limited liability company have been paid or discharged.
-OR- Adequate provision has been made for the	e debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distrights and interests.	ibuted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con	mpany in any court.
OR-	e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Januxya MER.	NANCY KYAN
<i>' ()</i>	