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/C:A	JOSEF TELEFORM	- 49		
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer			
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09 APR 20 AH II: 08

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR \$ 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: United Mitigation Group (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Brian Smith (Name of Person) United Mitigation Group (Firm/Company)
(Name of Person)
united mitigation Group
(Firm/Company)
4/19 CRANSley PL (Address)
JACKSONUILLE, FL 32257
(City/State and Zip Code)
For further information concerning this matter, please call:
A. RRIAN Smith 904 (11-771)
A, BRIAN SMITH at (904) 616-7711 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 APR 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 10, 2009

ANTHONY BRIAN SMITH 4119 CRANSLEY PL JACKSONVILLE, FL 32257

SUBJECT: UNITED MITIGATION GROUP LLC

Ref. Number: L08000051801

We have received your document for UNITED MITIGATION GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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: 509A00012191

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is			•
United mi	tigation	Group. LI	
2. The Articles of Organization were filed on	5/23/0	and assig	ned document number
3. The date the dissolution was approved:	5628pg	3/1/2009	se DIVIS
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back)	nited liability con cover letter).	npany's dissolution pu	rsuant to seed on CRETARY
The company is being dissolved do to lack of bu	siness.		ORPOR STA
5. CHECK ONE:			
 Adequate provision has been made for the 6. All remaining property and assets have been distrirights and interests. 7. CHECK ONE: There are no suits pending against the condition of the conditi	buted among its i	members in accordance	e with their respective
Signatures of the members having the same percentage of	of membership in	terests necessary to ap	prove the dissolution:
Signature		Printed Name	
A, Belouth		tuthony BRI	AN SMITH