

LD8000015144

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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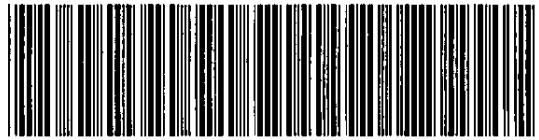
Special Instructions to Filing Officer:

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JUL 29 2009

EXAMINER

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09 JUL 28 PM 2:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISABILITY INSURANCE LAW GROUP, PL
(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:

MAGGIE M. SMITH
(Name of Person)

CHMIELARZ & SMITH, P.A.
(Firm/Company)

5803 NW 151st : STE 200A
(Address)

MIAMI LAKES, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

MAGGIE SMITH at (305) 820-0800
(Name of Person) (Area Code & Daytime 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2009

MAGGIE M. SMITH
CHMIELARZ & SMITH PA
5803 NW 151ST STREET, STE. 200A
MIAMI LAKES, FL 33014

SUBJECT: DISABILITY INSURANCE LAW GROUP, PL
Ref. Number: L08000065144

We have received your document for DISABILITY INSURANCE LAW GROUP, PL and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 909A00022801

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

DISABILITY INSURANCE LAW GROUP, PL

2. The Articles of Organization were filed on 01/16/2008 and assigned document number

3. The date the dissolution was approved: 06/30/2009

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).

NEVER STARTED ENTITY

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. 608.4421.

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.

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

Signature

Maggie M. Smith

Printed Name

MAGGIE M. SMITH

FILING FEE: \$25.00