

(Requestor's I	Name)	
(Address)		
(Address)		
(City/State/Zip	o/Phone #)	
PICK-UP W	AIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Cert	ificates of Status	

Special Instructions to Filing Officer.

L. SELLERS

FEB - 9 2011

EXAMINER

Office Use Only



500193326625

02/09/11--01011--008 **25.00



COVER LETTER

Division of Corporations		
SUBJECT: 7 Amily Insurance Associates 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:		
Gwen Koons (Name of Person)		
(Name of Person)		
(Firm/Company)		
1830 Heart Pine Drive (Address) Middleburg FL 32068 (City/State and Zip Code)		
(Address)		
Middleburg FL 32068		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Gwen Koons at (904) 718-1222 (Name of Person) (Area Code & Daytime Telephone Number)		
(and cook a signal respective relation)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Solve Filing Fee Certificate of Status Certificate of Status Solve Filing Fee Certificate of Status Certificate of Status Certificat		

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 Family Unsurance Ass	ocistes LLC
2. The Articles of Organization were filed on Se	and assigned document number
3. The date the dissolution was approved:	12,2009
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
Business Closed	•
5. CHECK ONE:	
-OR-	mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421.
	ted among its members in accordance with their respective
7. CHECK ONE:	•
There are no suits pending against the comp	any in any court.
Adequate provision has been made for the sa entered against it in any pending suit.	atisfaction 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
Seven Loons	Cowen Koons
	, and a second
	<u> </u>

FILING FEE: \$25.00