118000001

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Add | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bus | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

G. MCLEOD

DEC 27 2010

EXAMINER



100188147481

FILING CANCELLED RETURNED CHECK

12/23/10--01005--020 **30.00

10 DEC 23 PM 1:5

COVER LETTER

| | COVER LETTER |
|-----------------|--|
| | gistration Section vision of Corporations |
| SUBJECT: | Protecting Inexable Tritiest (CC (Name of Limited Liability Company) |
| The enclosed | d Articles of Dissolution and fee(s) are submitted for filing. |
| Please return | n all correspondence concerning this matter to the following: |
| | Lashora S. BahER (Name of Person) |
| | Protecting Insurable Interested |
| | M59 Swallow Run (Address) |
| | Conter Part 32792 (City/State and Zip Code) |
| For further in | nformation concerning this matter, please call: |
| لمع | Shorow Barter at 381)297-965 (Area Code & Daytime Telephone Number) |
| Enclosed is a c | check for the following amount: Ing hee \$\int_{30.00}\$ Filing Fee & \$\int_{\$55.00}\$ Filing Fee & \$\int_{\$60.00}\$ Filing Fee. Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILING CANCELLED RETURNED CHECK

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | |
|--|---|
| Protecting Insurable Ir | Heresz CCC |
| 2. The Articles of Commission were filed as | ola 8108 and assigned document number |
| 2. The Articles of Organization were filed on | and assigned document number |
| | 、 、 |
| 3. The date the dissolution was approved: 12 | 12110 |
| 4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co | ted liability company's dissolution pursuant to section over letter). |
| company has no find | ing, clients, licenses to b |
| able to continue. | |
| | |
| | |
| 5. CHECK ONE: | |
| , | imited liability company have been paid or discharged. |
| ∷ ΛOR- | debts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed rights and interests. | ated among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the comp | pany in any court. |
| | 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 | Printed Name |
| | 1 , , , , , , , , , , , |
| / | Lashoron S, Bayer |
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FILING FEE: \$25.00