L08000116197

| (Requestor's Name) | | |
|---|-------------------|--------|
| | | |
| (Address) | | |
| (A. | ddress) | |
| (Ac | idress) | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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FILED



J. BRYAN

JUL 12 2012

EXAMINIFR



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2012

FREDERICK N MATTHEWS 13095 KEYSTONE TERRACE N. MIAMI, FL 33181

SUBJECT: ASSURANT COMPANIES LLC

Ref. Number: L08000116197



We have received your document for ASSURANT COMPANIES 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):

You completed the wrong form

We are énclosing the proper form(s) with instructions for your convenience.

Collected Exercised

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 fling of your document, please call (850) 245-6051.

Joey Bryan

Regulatory Specialist II

Letter Number: 812A00017583

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: ASSURANT COMPANIES 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: |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| FREDERICK MATTHEWS (Name of Person) |
| (Firm/Company) |
| 13095 KEYSTONE TER. |
| NORTH MIAMI FL 33181 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| FREDERICK MATTHEWS at (305) 807 4858 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: \$25.00 Filing Fee |

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

| ARTICLES OF DISSO FOR A LIMITED LIABILITY | |
|---|---|
| 1. The name of a limited liability company is | Strick 3 O |
| ASSURANT COMPANIES L | LC TO |
| 2. The Articles of Organization were filed on | 1, 2009 and assigned document number |
| 3. The date the dissolution was approved: | 0,2010 |
| 4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover letter | lity company's dissolution pursuant to section er). |
| WRITTEN CONSENT OF ALL | MEMBERS FOR |
| DISSOLUTION | · |
| | |
| | |
| 5. CHECK ONE: All debts, obligations and liabilities of the limited li OR- Adequate provision has been made for the debts, ob 6. All remaining property and assets have been distributed amorights and interests. | oligations and liabilities pursuant to s. 608.4421. |
| 7. CHECK ONE: | |
| There are no suits pending against the company in a | any court. |
| Adequate provision has been made for the satisfacti entered against it in any pending suit. | on of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of membe | rship interests necessary to approve the dissolution: |
| Signature | Printed Name |
| South Mante | FREDERICK MATTHEWS |
| | |
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