LU9UUU119773

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

Office Use Only



900189044759

RECEIVED 10 DEC 28 PM 4: 35

B. KOHR
DEC 2 9 2010
EXAMINER

10 DEC 28 AH '9: OL



ACCOUNT NO. : 12000000195

REFERENCE :

626312 4305461

AUTHORIZATION

COST LIMIT

ORDER DATE: December 28, 2010

ORDER TIME : 3:08 PM

ORDER NO. : 626312-005

CUSTOMER NO: 4305461

DOMESTIC FILINGS

NAME: GALIC STORAGE LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY ____ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

to acc 20 M 9: On

| I. The name of a limited liability company is GALIC STORAGE LLC | |
|--|--|
| 2. The Articles of Organization were filed on 12/17/L09000119773 | 2009 and assigned document number |
| 3. The date the dissolution was approved: 12/22/20 | 910 |
| 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back con A written consent authorizing the dis | ed liability company's dissolution pursuant to section ver letter). |
| members of the Company. | |
| | |
| 5. CHECK ONE; | |
| -OR- | mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributing rights and interests. | ted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compa-oR- Adequate provision has been made for the sa- entered against it in any pending suit. | any in any court. atisfaction of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of | membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| | Great American Life Insurance |
| | Company |
| | By: Mark F. Muething |
| | |
| | |
| | |

FILING FEE: \$25.00