P02000134536

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LILLIAN ASSURANCE GROUP, INC.	
DOCUMENT NUMBER: P02000134536	·=
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
Jennifer Matherson or Angela Stump	
(Name of Person)	•
Lillian Assurance Group, Inc.	
(Name of Firm/Company)	
625 Waltham Avenue Orlando, Fl. 32809	a -
(Address)	
Orlando, FL. 32809	-
(City/State/and Zip Code	e)
For further information concerning this matter, please call:	
Jennifer or Angela at (407) 855-1136
	de & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Certified Copy (Additional copenclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:
I	LILLIAN ASSURANCE GROUP, INC.
SECOND:	The document number of the corporation (if known): Ref # P02000134536
THIRD:	The file date of the articles of incorporation was: December 27, 2002
FOURTH:	(CHECK AT LEAST ONE BOX)
	D None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. No Shares Issued
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	☐ A majority of the incorporators authorized the dissolution.
	XXX A majority of the directors authorized the dissolution.
	Signed this 3rd day of January , 2005
Signat	By a director, president or other officer - if directors or officers have not been selected, by an incorporator if buthe hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
-	Jacob W. Hoechst, Vice President (Typed or printed name of person signing)
	Vice President
,	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Date of dissolu	oration: Lillian Assurance Group, Inc. ution will be the date the dissolution is filed with the Department of State or as	. •
specified in the	Articles of Dissolution. (1-3-2005)	
Description of	information that must be included in a claim:	
Phi .	Lillian Assurance Group, Inc	
	C-O Jennifer Matherson	-
		, .
	The state of the s	,
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations) Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue	
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations) Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue Orlando, FL. 32809	<u>-</u>
Mailing address	Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue	.
Mailing address	Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue	-
Mailing address	Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue	
A claim against	Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue	
A claim against	Lillian Assurance Group, Inc (C-O Jennifer Matherson) 625 Waltham Avenue Orlando, FL. 32809 t the above named corporation will be barred unless a proceeding to enforce the claim	<u></u>

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00