

L0400004010S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

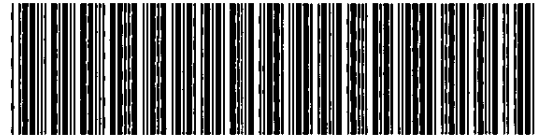
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF FIRST ALLIANCE INSURANCE LLC

DOCUMENT NUMBER: L04000040105

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER UMPHREY

(Name of Contact Person)

FIRST ALLIANCE INSURANCE

(Firm/Company)

7448 ALOMA AVE SUITE 1

(Address)

WINTER PARK FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER UMPHREY

(Name of Contact Person)

at (**407**)

(Area Code)

415-9528

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

\$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

FIRST ALLIANCE INSURANCE LLC

2. The Articles of Organization were filed on 05/27/2004 and assigned

document number 104000040105

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Closed Agency

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

WALTER UMPHREY
1157 EAGLES WATCH TRAIL
WINTER SPRINGS, FL 32708

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Walter Umphrey
Signature

WALTER UMPHREY
Printed Name

FILING FEE: \$25.00

FILED
17 MAY -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA