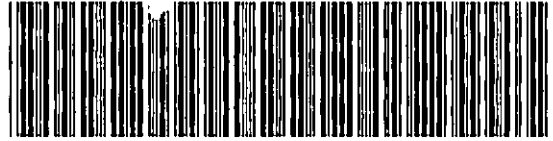


A2200000001413



200388600432

05/31/22--01020--009 **27.50

04/11/22--01071--009 **25.00

(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:

Q. SILAS
JUN 10 2022

S. B. / 22

Office Use Only

FILED
MAY 31 PM 4:3
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2022

HECTOR HENRY SUAREZ
1939 CRESTRIDGE DRIVE
CLERMONT, FL 34711

SUBJECT: INSURING YOUR JOURNEY LLC
Ref. Number: A22000000143

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please complete the Dissolution for a Limited Partnership.

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 filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 922A00011090

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: INSURING YOUR JOURNEY LLC
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

HECTOR HENRY SUAREZ
(Contact Person)

INSURING YOUR JOURNEY LLC
(Firm/Company)

1939 CRESTRIDGE DRIVE
(Address)

CLERMONT FLORIDA 34714
(City, State and Zip Code)

For further information concerning this matter, please call:

HECTOR HENRY SUAREZ at (352) 444 9441
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION
FOR

FILED

INSURING Your JOURNALS LLC MAY 31 PM 4:53

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on APRIL 04, 2022, assigned Florida document number A22000000143, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

NO BUSINESS WAS DONE WITHIN
29 DAYS. NO PROFITS
WERE INCURRED

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Handwritten Signature]

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75