

LD5000026010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 19 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LONG TERM CARE INSURANCE OF CENTRAL FLORIDA
(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:

LINDA LOUISE LOLLAR

(Name of Person)

(Firm/Company)

6743 TIFFANY ROSE PLACE

(Address)

SANFORD, FLORIDA 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA L. LOLLAR

(Name of Person)

at (407) 330-9431

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
LONG TERM CARE INSURANCE OF CENTRAL FLORIDA

2. The Articles of Organization were filed on MARCH 15, 2005 and assigned document number
L05000026010

3. The date the dissolution was approved: JANUARY 1, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The Long Term Care Insurance market is in flux at this time, and as an independent agent,
I have decided to get out of the business. I have been the only person
associated with this company since its inception.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to section 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Linda Louise Lollar

Printed Name

Linda Louise Lollar