

L05000040492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

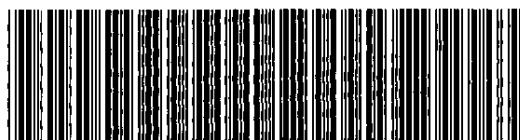
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/10--01013--022 **43.75

T. CLINE

NOV 23 2010

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TALLAHASSEE, FLORIDA

28 NOV 22 AM 9:08

011 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2010

GENE PIAZZA
1031 SANTA BARBARA BLVD #11
CAPE CORAL, FL 33991

SUBJECT: AFFINITY UNITED INSURANCE, LLC
Ref. Number: L05000040492

We have received your document for AFFINITY UNITED INSURANCE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to dissolve the company you have completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 210A00026506

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFINITY UNITED INSURANCE, LLC
(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:

GENE L PIAZZA
(Name of Person)

OUR FAMILY INSURANCE
(Firm/Company)

1031 SANTA BARBARA BLVD #11
(Address)

CAPE CORAL, FL. 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

GENE L PIAZZA at (216) 848 0314
(Name of Person) (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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

AFFINITY UNITED INSURANCE, LLC

2. The Articles of Organization were filed on 04-25-2005 and assigned document number

L 500 001092

3. The date the dissolution was approved: 11-04-2010

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).

GENE L PIAZZA MOVED THE CLIENTS FROM
THE AFFINITY UNITED INSURANCE LLC AGENCY
INTO THE OUR FAMILY INSURANCE INC AGENCY
& WE ARE NO LONGER DOING BUSINESS IN THE LLC.

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 s. 608.4421.

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

Gene L Piazza

Printed Name

GENE L PIAZZA

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STATE
TALLAHASSEE
FLORIDA