

L06000077874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

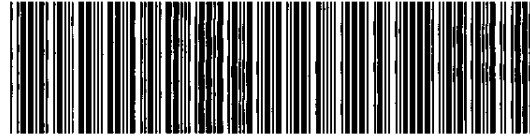
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -2 AM 10:17

T. HAMPTON

JUN -8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIES INSURANCE SERVICES 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:

BARBARA COSTA

(Name of Person)

(Firm/Company)

11171 SPRING HILL DR STE C

(Address)

SPRING HILL FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA COSTA

(Name of Person)

at (352) 340-5954

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☒

\$50.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 23, 2011

BARBARA COSTA
11171 SPRING HILL DR
STE C
SPRING HILL, FL 34609

SUBJECT: ARIES INSURANCE SERVICES LLC
Ref. Number: L06000077874

We have received your document for ARIES INSURANCE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00012711

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN -2 AM 10:17

1. The name of a limited liability company is
ARIES INSURANCE SERVICES LLC

2. The Articles of Organization were filed on 08/08/2006 and assigned document number
L06000077874

3. The date the dissolution was approved: 04/21/2011

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).

NO LONGER DOING BUSINESS

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

Printed Name

Barbara A Costa

BARBARA A COSTA