

202000085419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

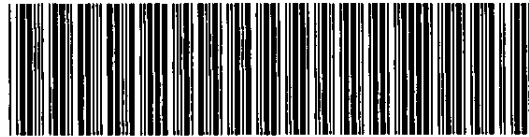
Special Instructions to Filing Officer:

A. LUNT

OCT 25 2012

EXAMINER

Office Use Only



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05/16/12--01007--007 **35.00

43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 24 PM 2 17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

SHELIA RICHARDS
5127 CLOVER MIST DR.
APOLLO BEACH, FL 33572

SUBJECT: COMMERCIAL SPECIALTY INSURANCE, LLC
Ref. Number: L06000085419

We have received your document for COMMERCIAL SPECIALTY 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):

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 512A00015081

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Commercial Specialty
(Name of Limited Liability Company)
Insurance LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelia Richards
(Name of Person)

Commercial Specialty Insurance LLC
(Firm/Company)

5127 clover Mist Dr.
(Address)

Apollo Beach FL 33572
(City/State and Zip Code)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 24 PM 2:17

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For further information concerning this matter, please call:

Shelia Richards at 813.951-7184
(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

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

1. The name of a limited liability company is

Commercial Specialty Insurance LLC

2. The Articles of Organization were filed on 8-30-2006 and assigned document number

LOB 000085419

3. The date the dissolution was approved: 3-31-2012

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).

LACK OF BUSINESS

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2012 OCT 24 PM 2:17
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Shelia A. Richards

Printed Name

Shelia Richards