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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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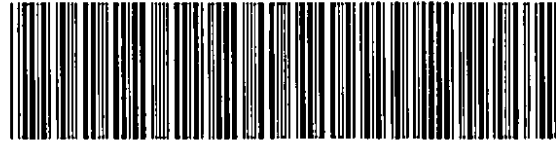
(Business Entity Name)

(Document Number)

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FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Euclid Insurance Agencies Holdings, 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:

William Love

(Name of Person)

Euclid Insurance

(Firm/Company)

234 Spring Lake Drive

(Address)

Itasca, IL 60143

(City/State and Zip Code)

For further information concerning this matter, please call:

William Love

(Name of Person)

at (

630

) 694-2274  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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  
Euclid Insurance Agencies Holdings, LLC

2. The Articles of Organization were filed on 10/30/2006 and assigned  
document number L06000105501

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The LLC was acting as a holding company for two members of the LLC, Euclid Insurance Agencies,  
that was sold on 6/1/2014, with the last potential payout on 6/1/2017. All operations have ceased.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Authorized/Appointed Person: William Love  
234 Spring Lake Drive, Itasca, IL 60143

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

William Love

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**