

L07000029955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

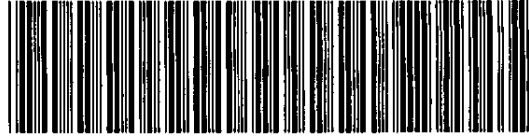
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*prior effective date*

*permission to remove  
effective date and make  
it date of filing. (J. Byrnes)  
dec 4/27/15*

Office Use Only



600270672006

03/20/15--01009--001 \*\*25.00

FILED  
15 MAR 20 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*dissolution*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J BYNON Insurance Agency  
(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:

Jesse BYNON

(Name of Person)

Page Insurance Agency

(Firm/Company)

500 E. New York Ave

(Address)

DeLand, FL 32724

(City/State and Zip Code)

SECRET  
TALLAHASSEE, FL 32301

15 MAR 20 AM 10:23

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For further information concerning this matter, please call:

Jesse Bynon

(Name of Person)

at (386) 479-5413

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2015

JESSE BYNON  
PAGE INSURANCE AGENCY  
500 E. NEW YORK AVE  
DELAND, FL 32724

SUBJECT: J BYNON INSURANCE AGENCY, LLC  
Ref. Number: L07000029955

We have received your document for J BYNON INSURANCE AGENCY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

We received your document in our office on March 20th.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 015A00007411

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

1. The name of a limited liability company is

J Bynon Insurance Agency LLC

2. The Articles of Organization were filed on 3/20/07 and assigned

document number LO7000029955

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)

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).

Lack of business didn't justified keeping  
it Active anymore.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jesse Bynon

100 Apremont Ct.

DeLand, FL. 32724

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:

Jesse J Bynon  
Signature

Jesse J. Bynon  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 MAR 20 AM 10:23  
TALLAHASSEE, FLORIDA