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(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:				
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: INS

INS RE AMERICA, 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:

CAROLYN KAHL

(Name of Person)

ROCA GONZALEZ P.A.

(Firm/Company)

3370 MARY STREET

(Address)

MAIMI, FL 33133

(City/State and Zip Code)

. For further information concerning this matter, please call:

CAROLYN KAHL

_305

859-6050

(Name of Person)

(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 liabil INS RE AMERICA, LLC	ity company is		
2.	The Articles of Organization	were filed on March 27, 2007 and assigned		
	document number L0700003	2868		
3.	(effective Note: If the date inserted in t	the dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.		
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).		
	UNANIMOUS WRITTEN CO	,		
5.	If there are no members, ent	er the name and address of the person appointed to wind up the company's	نـــ	
	activities and affairs:	GIANCARLO SANDRETTO	7 4	
		C/O ROCA GONZALEZ P.A.	JAN 30	rice Etra
		3370 MARY STREET	æ	्रहे - इम्ब्यू - जू व
		MAIMI FL 33133	7: []	port.
6. lis	Signature of an authorized pattern sted above to wind up the cor	person or if there are no members, the signature of the person appointed and appany's activities and affairs:	**	
	// 1			
	pell till	GIANCARLO SANDRETTO		
	Signature	Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

INIC DE AMEDICA LIC

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: INO INE AIVILINIOA, LEG								
Document number of Limited Liability Company is: Date of dissolution was: O1/17/2017 Description of information that must be included in a written claim: 1) NAME AND MAILING ADDRESS OF THE PERSON/ENTITY MAKING THE CLAIM 2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM 3) STATEMENT OF THE AMOUNT OF THE CLAIM								
					4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM			
					Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	17 JJ	3	
					GIANCARLO SANDRETTO	JAN 30	0. 1 <u>2</u> 3	
					C/O ROCA GONZALEZ P.A.	企		
3370 MARY STREET		E & E						
MIAMI, FL 33133	En :							

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

GIANCARLO SANDRETTO

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00