

L 07000042597

(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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04/11/12--01030--001 **35.00

FILED
12 JUN 25 AM 11:46
NOTARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 2- 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2012

CARMEN SORVILL
4391 FOXTAIL LANE
WESTON, FL 33331

SUBJECT: OCEAN VIEW INSURANCE AGENCY, LLC
Ref. Number: L07000042597

We have received your document for OCEAN VIEW INSURANCE AGENCY, LLC and your check(s) totaling \$35.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 512A00012098

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean View Insurance Agency, 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:

CARMEN SORVILL

(Name of Person)

(Firm/Company)

4391 FOXTAIL LANE

(Address)

WESTON, FLORIDA 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN SORVILL

(Name of Person)

at (954) 661-7562

(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

Note: Check for \$35.00 was mailed originally and not returned with correspondence. Please apply accordingly. Thank you

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
12 JUN 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ocean View Insurance Agency, LLC

2. The Articles of Organization were filed on 4/20/2007 and assigned document number

LO7000042597

3. The date the dissolution was approved: 12/31/2011

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).

Business owner passed away and wife, Carmel Sorvill,
did not continue to operate Ocean View Insurance
Agency.

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



CARMELO SORVILL (100%)