

L07000057269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

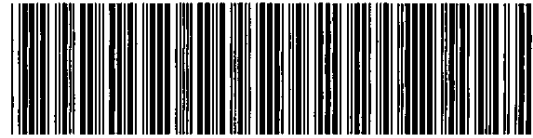
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/08--01013--012 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 PM 1:54

J. BRYAN

MAY 30 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Honest Insurance Compliance 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:

Charlenna M. Davis

(Name of Person)

Honest Insurance Compliance LLC

(Firm/Company)

P. O. Box 300766

(Address)

Casselberry, FL 32730

(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Charlenna M. Davis

(Name of Person)

at (321) 422-9141

(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**

FILED
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DIVISION OF CORPORATIONS
08 MAY 29 PM 1:54

1. The name of a limited liability company is
Honest Insurance Compliance LLC

2. The Articles of Organization were filed on May 29, 2007 and assigned document number
L07000057269

3. The date the dissolution was approved: 5/25/08

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 never operated, was unable to get any work.

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

Charlenna M. Davis

Printed Name

Charlenna M. Davis

New Address: P.O. Box 300063

Casselberry, FL 32730

FILING FEE: \$25.00