



L07000104671

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2009

FAMILY INSURANCE AGENCY, LLC.  
1584 KOHLENBERG AVE  
NORTH PORT, FL 34288

400151489224

SUBJECT: FAMILY INSURANCE AGENCY, LLC.

Debit Memo #: 96877-6

Document #: L07000104671

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve or revoke the above limited liability company, this limited liability company is now administratively dissolved or revoked.

A Certificate of Dissolution or Revocation is enclosed.

# State of Florida



Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

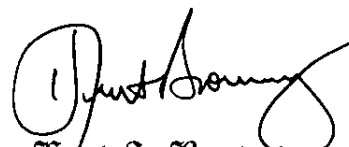
The requirements of section, 608.4481, Florida Statutes, requiring 60 days notice of our proposed Administrative Dissolution of a limited liability company, have been met for FAMILY INSURANCE AGENCY, LLC., Florida limited liability company. The limited liability company is hereby dissolved as of October 7, 2009 for failure to file the limited liability company annual report/uniform business report, as required by law.

The document number of this limited liability company is L07000104671.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Seventh day of October, 2009



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2009

FAMILY INSURANCE AGENCY, LLC.  
1584 KOHLENBERG AVE  
NORTH PORT, FL 34288 US

SUBJECT: FAMILY INSURANCE AGENCY, LLC.  
Ref. Number: L07000104671

Debit Memo #: 96877-G

This is to inform you that check #? in the amount of \$138.75 submitted with the annual report/uniform business report for FAMILY INSURANCE AGENCY, LLC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$153.75 made payable to the Department of State to cover the unpaid fees and service charge.

Sections 608.4481 and 608.513, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida limited liability company or revoke the authority to transact business of a foreign limited liability company for failure to file the annual report/uniform business report and pay the filing fee. This will serve as your notice that if payment of \$153.75 is not received within the 60 day period, your limited liability company will be administratively dissolved or revoked and a reinstatement fee of an additional \$100 will be imposed.

Please send your response to:

Division of Corporations  
Attn: Catherine F Chin  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Catherine F Chin  
Senior Clerk

Letter Number: 109A00024212