

L07000105850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

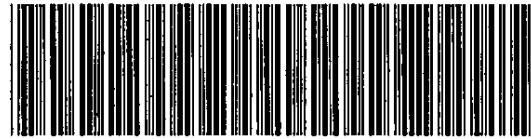
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/25/18--01016--001 **25.00

18 APR 23 AM 9:12
STATE OF OHIO
DIVISION OF CORPORATIONS

M. MILLIGAN

MAY - 1 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

LORI LEONHIRTH
6842 SHASTA DAISY TRAIL
MOSELEY, VA 23120

SUBJECT: DMC INSURANCE SALES, LLC
Ref. Number: L07000105850

We have received your document for DMC INSURANCE SALES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 718A00006184

RECEIVED

2018 APR 23 PM 2:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DMC INSURANCE SALES, LLC**
(Name of Limited Liability Company)

RECEIVED
2018 MAR 23 PM 12:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI LEONHIRTH

(Name of Person)

(Firm/Company)

6842 SHASTA DAISY TRAIL

(Address)

MOSELEY, VA 23120

(City/State and Zip Code)

For further information concerning this matter, please call:

LORI LEONHIRTH

(Name of Person)

at (**804**) **477-5566**

(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

No \$

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

18 APR 23 AM 9:12
DIVISION OF CORPORATIONS
STATE OF FLORIDA

1. The name of a limited liability company is

DMC INSURANCE SALES, LLC

2. The Articles of Organization were filed on 10/18/2007 and assigned

document number L07000105850

3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2018

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Diana McManaway, Manager, Principal, is deceased. No further business will be continued by the LLC because

the decedent was the only person licensed to sell insurance.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Lori Leonhirth (Personal Representative of the Estate of Diana McManaway)

6842 Shasta Daisy Trail

Moseley, VA 23120

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:


Signature

Lori Leonhirth

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.

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

Name of Limited Liability Company: DMC INSURANCE SALES, LLC

Document number of Limited Liability Company is: L07000105850

Date of dissolution was: 03/31/2018

Description of information that must be included in a written claim:

Diana McManaway is deceased. She was the only
person with a license to sell insurance. Therefore,
all matters which the company was involved have
been terminated.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6842 Shasta Daisy Trail
Moseley, VA 23120

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 23 AM 9:12

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.

Lori Leonhirth

Printed Name of the Person Filing

Lori Leonhirth

Signature of the Person Filing

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