

LD7000121433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 24 2008

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06/23/08--01024--006 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 JUL -7 AM 10:50

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All Florida Insurance of Brevard 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:

Patrick M. Micheletti  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2693 Glasburn Circle  
(Address)

West Melbourne FL 32904  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick M Micheletti at (321) 591-7499  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2008

PATRICK M. MICHELETTI  
2693 GLASBURN CIRCLE  
WEST MELBOURNE, FL 32904

SUBJECT: ALL FLORIDA INSURANCE OF BREVARD L.L.C.  
Ref. Number: L07000121433

We have received your document for ALL FLORIDA INSURANCE OF BREVARD L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 808A00038113

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

08 JUL -7 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

ALL Florida Insurance of Brevard L.L.C.

2. The Articles of Organization were filed on 12-06-07 and assigned document number

L07000121433

3. The date the dissolution was approved: 6/1/08

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).

Never did any business under this name.

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

Patrick M. Micheletti  
Chris Paladino