

107000124759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

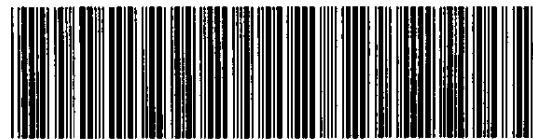
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL -6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 07 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

OPTIMUM INSURANCE MARKETING NETWORK 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:

CHARLES J LOTOCKI
(Name of Person)

OPTIMUM INSURANCE MARKETING NETWORK LLC
(Firm/Company)

112 MARSH RYAN LANE
(Address)

PONTEVEDRA BEACH FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES J LOTOCKI at 954 899-6788
(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

RECEIVED
DIVISION OF STATE
ADMINISTRATIVE SERVICES
TALLAHASSEE, FLORIDA

10 JUL -6 PM 3:40

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2010

CHARLES J. LOTACHI
9825 W. SAMPLE RD. #207
CORAL SPRINGS, FL 33065

SUBJECT: OPTIMUM INSURANCE MARKETING NETWORK, LLC
Ref. Number: L07000121759

We have received your document for OPTIMUM INSURANCE MARKETING NETWORK, LLC and your check(s) totaling \$43.75. 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.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A00013586

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10 JUL - 6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

OPTIMUM INSURANCE MARKETING NETWORK LLC

2. The Articles of Organization were filed on 12-6-07 and assigned document number

L07000121759

3. The date the dissolution was approved: 2009

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).

NO BUSINESS
PLEASE DISSOLVE AS OF 12/09
(WE STOPPED BUSINESS 6/09) IF POSSIBLE

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 [Signature]

Printed Name Charles J. Lott

FILING FEE: \$25.00

10 JUL - 8 PM 3:40
CLERK OF STATE
ALBANY STREET, FLORIDA

FILED