

L08000013976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200190768252

01/11/11--01023--015 **30.00

FILED
11 FEB -2 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 3 2011

EXAMINER

COVER LETTER

TO: ♥ Registration Section
Division of Corporations

SUBJECT: Personal Financial Assurance

(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:

Linda S. Field

(Name of Person)

Personal Financial Assurance

(Firm/Company)

4945 Mundy Ct.

(Address)

Cumming, Ga 30028

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 2 PM 2:46

FILED

For further information concerning this matter, please call:

Linda S. Field

(Name of Person)

at (561) 212-1433

(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**

1. The name of a limited liability company is

Personal Finance Assurance LLC

2. The Articles of Organization were filed on February 6, 2008 and assigned document number L08000013976

3. The date the dissolution was approved: January 3, 2011

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 longer doing business.

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

Linda S. Field

Linda S. Field



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

LINDA S. FIELD
PERSONAL FINANCIAL ASSURANCE LLC
4945 MUNDY COURT
CUMMING, GA 30028

Ref. Number: L0800013976

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

You failed to make the correction(s) requested in our previous letter.

Please enter the date the dissolution was approved, #3.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 211A00002121

FILED
11 FEB - 2 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2011

LINDA S. FIELD
PERSONAL FINANCIAL ASSURANCE
4945 MUNDY COURT
CUMMING, GA 30028

SUBJECT: PERSONAL FINANCIAL ASSURANCE, LLC
Ref. Number: L08000013976

We have received your document for PERSONAL FINANCIAL ASSURANCE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please enter the date the dissolution was approved, #3

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 711A00001143

FILED
11 FEB - 2 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA