

L0800000 43172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

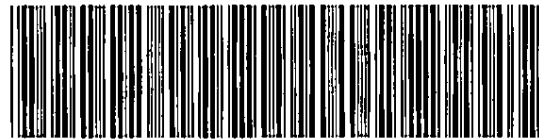
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTROPE INSURANCE MANAGERS OF FLORIDA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA WANAT

Name of Person

RYAN SPECIALTY GROUP

Firm/Company

180 N STETSON AVE, STE 4600

Address

CHICAGO, IL 60601

City/State and Zip Code

MONICA.WANAT@RYANSG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA WANAT at (312) 741-1701

Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: WESTROPE INSURANCE MANAGERS OF FLORIDA, LLC

SECOND: The Florida Document number of the limited liability company is: L08000043172

THIRD: The date of filing of the initial articles of organization is: 04/30/2008

FOURTH: The date of filing of the dissolution is: 03/28/2016

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

IAN N. ACKERMAN

Typed or printed name of signature

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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)