

L080000043172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

SEP 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTCOPE INSURANCE MANAGERS OF FLORIDA, LLC

DOCUMENT NUMBER: L08000043172

The enclosed Notice of **Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA WANAT

(Name of Contact Person)

RYLAND SPECIALTY GROUP

(Firm/Company)

180 N STETSON AVE., STE 4600

(Address)

CHICAGO, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA WANAT

(Name of Contact Person)

at (312)

(Area Code)

741-1701

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 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 Address:

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

Notice of Limited Liability Company Dissolution

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: WESTROPE INSURANCE MANAGERS OF FLORIDA, LLC

Document number of Limited Liability Company is: L08000043172

Date of dissolution was: 03/28/2016

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

- The name, address, email address, and telephone number of the claimant: _____
- The amount of the claim: _____
- The date on which the claim is based occurred; and _____
- A description of the basis of the claim, including supporting documentation: _____

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

RYAN SPECIALTY GROUP
ATTN: LEGAL / WESTROPE
180 N STETSON AVE., STE 4600
CHICAGO IL 60601

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TALLAHASSEE, FL

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.

Ian N. Ackerman

Printed Name of the Person Filing


Signature of the Person Filing