

LD80000062248

(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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L. SELLERS

MAY 27 2010

EXAMINER

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10 MAY 26 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSURANCE AND BENEFITS CONSULTING Group 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:

Joseph A. Balgobry
(Name of Person)

INSURANCE AND BENEFITS CONSULTING Group LLC
(Firm/Company)

1628 SW 25th
(Address)

CAPB County, FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph A. Balgobry at (239) 280-7724
(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)

X \$100 CHECK RECEIVED BY YOUR OFFICE

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 26 PM 2:43

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2010

JOSEPH A. ZALERSKI
1628 SW 25TH LANE
CAPE CORAL, FL 33914

SUBJECT: INSURANCE AND BENEFITS CONSULTING GROUP, LLC
Ref. Number: L08000062248

We have received your document for INSURANCE AND BENEFITS CONSULTING GROUP, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The forms submitted are to revoke a dissolution. The above LLC is currently active and not dissolved. Enclosed are the forms to dissolve an LLC.

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: 710A00011382

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

INSURANCE AND BENEFITS CONSULTING Corp LLC

2. The Articles of Organization were filed on 6/25/08 and assigned document number

LO8000062248

3. The date the dissolution was approved: April 1, 2010

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).

BUSINESS FAILING

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

JOSEPH ZALENSKY
DONNA M. CLARIN

