

LO8000112821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

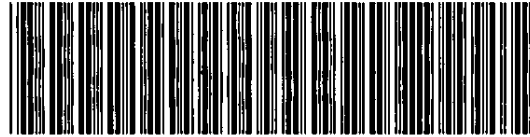
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 APR 14 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 15 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lewis Insurance Risk Solutions 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:

Brian Thomas Lewis

(Name of Person)

Lewis Insurance Risk Solutions LLC

(Firm/Company)

1313 West US Highway 90

(Address)

Lake City Florida 32055

(City/State and Zip Code)

For further information concerning this matter, please call:

Mevelyn L. Lewis

(Name of Person)

at ( 386 ) 935-0495

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)



**MAILING ADDRESS:**

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

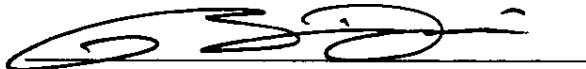
**STREET/COURIER ADDRESS:**

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  
Lewis Insurance Risk Solutions LLC
2. The Articles of Organization were filed on 12/8/2008 and assigned  
document number L08000112821
3. The delayed effective date the dissolution if not effective on the date of filing: April 1, 2014
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Closing Business  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature



Printed Name

Brian T. Lewis

**FILING FEE: \$25.00**

**FILED**  
14 APR 14 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA