

L09000009497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

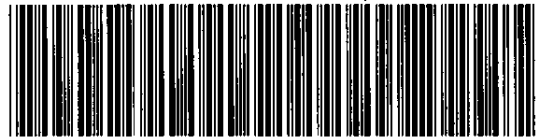
(Business Entity Name)

(Document Number)

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J. BRYAN

NOV 17 2009

EXAMINER

.....

# ATLAS INSURANCE AGENCY OF N. FL LLC

November 12, 2009

CONTACT INFO:

KRISTINA E. WALLS

904-764-0573

8954 LEM TURNER RD JACKSONVILLE FL, 32208



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATLAS INSURANCE AGENCY OF NORTH FL, 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:

KRISTINA E WALLS

(Name of Person)

ATLAS INSURANCE AGENCY OF NORTH FL, LLC

(Firm/Company)

8954 LEM TURNER RD

(Address)

JACKSONVILLE FL 32208

(City/State and Zip Code)

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For further information concerning this matter, please call:

KRISTINA E WALLS

(Name of Person)

at ( 904 ) 764-0573

(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

FILED  
09 NOV 16 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**ATLAS INSURANCE AGENCY OF NORTH FL, LLC**

2. The Articles of Organization were filed on 1/29/2009 and assigned document number  
L09000009497

3. The date the dissolution was approved: 11/12/2009

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).

**OWNER WANTED TO CONVERT BACK TO SOLE PROPRIETORSHIP.**

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

K Walls

Printed Name

KRISTINA E WALLS