

LD9 0000 19794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

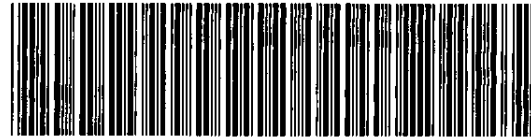
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clark Edwards Insurance Agency II 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:

James Clark Edwards

(Name of Person)

Clark Edwards Ins. Agency II LLC

(Firm/Company)

1466 S. Third St.

(Address)

Jacksonville Beach FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

Clark Edwards

(Name of Person)

at

904 241-2239

(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

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TALLAHASSEE, FL  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2011

JAMES C. EDWARDS  
1466 S THIRD ST  
JACKSONVILLE BEACH, FL 32250

SUBJECT: CLARK EDWARDS INSURANCE AGENCY II LLC  
Ref. Number: L09000019794

We have received your document for CLARK EDWARDS INSURANCE AGENCY II LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 611A00001420

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Clark Edwards Insurance Agency II LLC

2. The Articles of Organization were filed on 6/15/09 and assigned document number

L09000019794

3. The date the dissolution was approved: 12/31/10

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).

no business activity - never used corp.

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

James Clark Edwards

Printed Name

James Clark Edwards

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FLORIDA  
CLERK OF CIRCUIT COURT