

L09000020494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

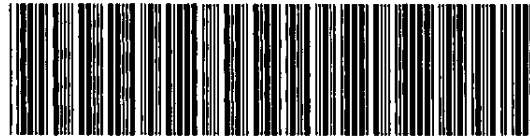
(Business Entity Name)

(Document Number)

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2013 JAN 31 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB -1 2013

J. BRYAN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PREMIER CHOICE INSURANCE 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:

DANIEL RODRIGUEZ

(Name of Person)

PREMIER CHOICE INSURANCE GROUP, LLC

(Firm/Company)

2007 SUNSET TERRACE DR

(Address)

ORLANDO, FL 32825

(City/State and Zip Code)

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2013 JAN 31 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DANIEL RODRIGUEZ at 407 823-9645

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &  
Certificate of Status

ρ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

ρ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2013

DANIEL RODRIGUEZ  
PREMIER CHOICE INSURANCE GROUP, LLC  
2007 SUNSET TERRACE DR  
ORLANDO, FL 32825

SUBJECT: PREMIER CHOICE INSURANCE GROUP LLC  
Ref. Number: L09000020494

FILED  
2013 JAN 31 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PREMIER CHOICE INSURANCE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 013A00001086

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
2013 JAN 31 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**PREMIER CHOICE INSURANCE GROUP; LLC**

2. The Articles of Organization were filed on 7/9/2012 and assigned document number  
L09000020494

3. The date the dissolution was approved: 7/31/2012

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).

**CLOSED ALL BUSINESS.**

**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:**

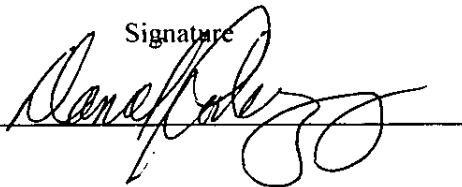
☒ There are no suits pending against the company in any court.

-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



Printed Name

**DANIEL RODRIGUEZ**