

L09000020921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

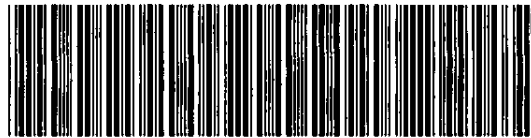
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 24 PM 2:09

T. HAMPTON
DEC 28 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M Dyer Insurance Services & Consulting 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:

Michele Dyer

(Name of Person)

M Dyer Insurance Services & Consulting LLC

(Firm/Company)

2806 Veronia Dr #303

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Dyer

(Name of Person)

at (561) 401-5570

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC 24 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 7, 2009

MICHELE DYER
2806 VERONIA DR
303
PALM BEACH GARDENS, FL 33410

SUBJECT: M. DYER INSURANCE SERVICES AND CONSULTING LLC
Ref. Number: L09000020921

We have received your document for M. DYER INSURANCE SERVICES AND CONSULTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00037337



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 19, 2009

MICHELE DYER
2806 VERONIA DR
303
PALM BEACH GARDENS, FL 33410

SUBJECT: M. DYER INSURANCE SERVICES AND CONSULTING LLC
Ref. Number: L09000020921

We have received your document for M. DYER INSURANCE SERVICES AND CONSULTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00036045

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 24 PM 2:09

1. The name of a limited liability company is

M Dyer Insurance Services & Consulting LLC

2. The Articles of Organization were filed on 3/3/09 and assigned document number

209000020921

3. The date the dissolution was approved: 9-15-09

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).

insufficient income generated to maintain
Company

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

Michele Dyer

Michele Dyer

FILING FEE: \$25.00