

2090000031240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

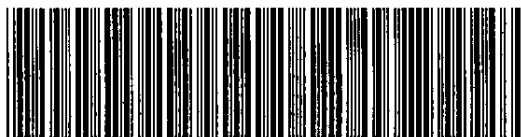
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 5

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10/13/09--01014--024 **25.00

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09 OCT 13 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Insurance & Benefits Partners, 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:

Marea Nicole Bates

(Name of Person)

(Firm/Company)

2509 Balmoral Dr,

(Address)

Kissimmee, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

Marea Nicole Bates

(Name of Person)

at (407) 348 8620

(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

Marea Nicole Bates
2509 Balmoral Dr,
Kissimmee, FL 34744
Tel: 407.348.8620

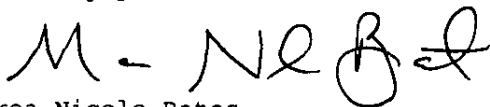
Date: 10/07/09

To Whom It May Concern,

I am writing in reference to L09000031240. I would like to close this account. This is an in-active company.

Please contact me at 407-348-8620 if you have any further questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'M - NR Bates' with a stylized flourish at the end.

Marea Nicole Bates

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

09 OCT 13 AM 11:21
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Florida Insurance & Benefits Partners LLC

2. The Articles of Organization were filed on March 31, 2009 and assigned document number

L09000031240

3. The date the dissolution was approved: _____

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).

Company is inactive

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

Maria Nicole Bates

Maria Nicole Bates