

LO9000054280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

DEC 14 2009

EXAMINER

Office Use Only



100163390521

12/11/09--01010--005 **25.00

FILED
2009 DEC 11 PM 3:33
STATE JURY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equity Assurance Consultants, 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:

Robin W. Albertsen
(Name of Person)

Equity Assurance Consultants, LLC
(Firm/Company)

4259 Joseph Street
(Address)

Port Charlotte, FL 33948
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 11 PM 3:33

FILED

For further information concerning this matter, please call:

Robin W. Albertsen at (941) 626-8901
(Name of Person) (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**

1. The name of a limited liability company is
Equity Assurance Consultants, LLC

2. The Articles of Organization were filed on 06/04/2009 and assigned document number
L09000054280

3. The date the dissolution was approved: 12/06/2009

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).

Members are going their separate ways and want to dissolve the
corporation.

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. 608.441.

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

Johnnie Joe Wryals
Robin W. Albertsen

Johnnie Joe Wryals

Robin W. Albertsen

FILING FEE: \$25.00