

209000078554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12 JUL 16 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE  
JUL 17 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2012

GREG PELLEGRINI  
23 WISTERIA LANE  
COVINGTON, LA 70433

SUBJECT: FIRST PREMIUM INSURANCE GROUP OF FLORIDA, LLC  
Ref. Number: L09000078554

APPROVED  
AND  
FILED  
12 JUL 16 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FIRST PREMIUM INSURANCE GROUP OF FLORIDA, 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):

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.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 912A00017971

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First Premium Insurance Group of Florida, 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:

Greg Pellegrini

(Name of Person)

First Premium Insurance Group of Florida, LLC

(Firm/Company)

23 Wisteria Lane

(Address)

Covington, LA 70433

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Greg Pellegrini

(Name of Person)

at ( 985 ) 892-7428

(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

First Premium Insurance Group of Florida, LLC

2. The Articles of Organization were filed on August 14, 2009 and assigned document number L09000078554

3. The date the dissolution was approved: 5/1/12

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).

Dissolved upon the written consent of all members of the LLC.

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.

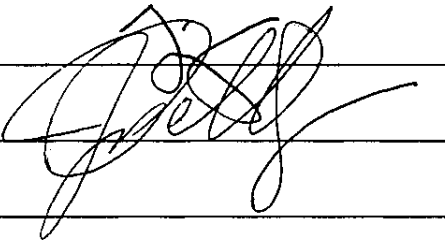
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Greg Pellegrini

Jay Pellegrini, Jr.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED