

#L10000005482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

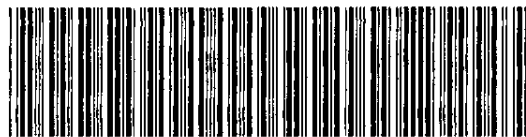
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/14/11--01028--005 \*\*25.00

FILED  
11 MAR 22 PM 12:17  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 23 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2011

SOUTHERN FIDELITY MANAGING AGENCY, LLC  
2255 KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309

SUBJECT: INSURANCE INSPECTIONS, LLC  
Ref. Number: L10000005482

We have received your document for INSURANCE INSPECTIONS, 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) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 311A00006310

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Insurance Inspections, 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:

\_\_\_\_\_  
(Name of Person)

Southern Fidelity Managing Agency, LLC

(Firm/Company)

2255 Killearn Center Blvd

(Address)

Tallahassee, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirk Luchman

(Name of Person)

at ( 850 ) 521-3080

(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**

FILED  
11 MAR 22 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Insurance Inspections, LLC

2. The Articles of Organization were filed on 1/14/2010 and assigned document number  
L10000005482

3. The date the dissolution was approved: March 1, 2011

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 did not start operations. Decision made to shut down entity

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.

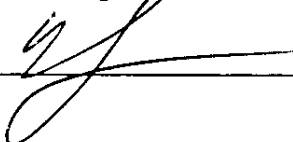
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Kirk Luchman