## L10000030184

(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:

Office Use Only



900262359539

E. S. Couttobrillia America.

08/11/14--01041--009 \*\*60.00

2014 AUG 12 PH I2: 27

1

AUG 13 2014 J. BRUCE



August 7, 2014

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Armor Insurance and Investment Group, LLC / 46-1664417 Eagle Insurance Agency of Florida, LLC / 27-2135738

I am attaching this letter to the Articles to Amend for Armor Insurance and Investment Group. We are changing the name of the company to Eagle Insurance Agency of Florida.

I have also included the Dissolution of Eagle Insurance Agency of Florida. I reserved this name a couple of years ago in anticipation of needing it at a future date. Now that the time is here, I would like to utilize it.

Please waive the "waiting period" for the release of the Eagle name as I am simply changing it from one EIN number to another.

Please don't hesitate to contact me if you have any questions or if you need additional information.

Best Regards,

Greg Harrison

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	Eagle Insurance Agency of Florida, I	LLC			
SOBJE	(Name of Limited I	Liability Compar	ny)		
	closed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to the	_			
	Greg Harrison				
	(Name o	f Person)		<del></del>	
	Armor Insurance and Investment	Group			
•	(Firm/C	ompany)		<del></del>	
•	26809 Tanic Dr Suite 102				
	(Add	iress)			
	Wesley Chapel, FL 33544				
	(City/State a	nd Zip Code)		<del></del>	
For fur	ther information concerning this matter, please call:			35 E3	
	Greg Harrison	813	863-9537	AUG	Salari Carlor
	(Name of Person)	(Area Co	ode & Daytime Telephone N	Jumber) 5	TEMATE U.
Enclose	d is a check for the following amount:			PH S	
•	\$25.00 Filing Fee and Certificate of Dissolution  30 — Coestified	\$55.00 Filin Certified C	ng Fee, Certificate of Dissolu Copy (additional copy is encl	ition & 2	A) was
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi: Divis Clifte	EET/COURIER AD stration Section sion of Corporations on Building Executive Center Ci		
	1 ananassee, 1 15 525 17		hassee, FL 32301	1010	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited lial Eagle Insurance Age	• • •				
2. The Articles of Organizat	tion were filed on 03/18/2010 and assigned				
document number L100					
3. The delayed effective dat (effecti	delayed effective date the dissolution if not effective on the date of filing: 08/14/2014 (effective date cannot be prior to or more than 90 days later than date document is received for filing)				
4. A description of occurren 605.0707, Florida Statutes	ace that resulted in the limited liability company's dissolution pursuant to sections, (copy 605.0707 on back cover letter).				
We are changing the	name of Armor Insurance and Investment Group to Eagle				
Insurance Agency of	Florida. We have to dissolve Eagle in order to accomplish this.				
5. If there are no members, e activities and affairs:	enter the name and address of the person appointed to wind up the company's  Greg Harrison				
	15813 Hampton Village Drive				
	Tampa, FL 33618				
6. Signature of an authorized listed above to wind up the c	d person or if there are no members, the signature of the person appointed and company's activities and affairs:				
Min Hamm	Greg Harrison				
Signature	Printed Name				
	FILING FEE: \$25.00				