

L10000046411

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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2016 JAN - 7 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
IPC INSURANCE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IPC INSURANCE SOLUTIONS, 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:

CRISTINA M. GUZMAN

(Name of Person)

IPC INSURANCE SOLUTIONS, LLC

(Firm/Company)

9200 S DADELAND BLVD, STE 800

(Address)

MIAMI, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTINA M. GUZMAN

(Name of Person)

786

270-1245

at (

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

FILED

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
IPC INSURANCE SOLUTIONS, LLC

2. The Articles of Organization were filed on 04/28/2010 and assigned
document number L10000046411

3. The delayed effective date the dissolution if not effective on the date of filing: upon filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
No longer in business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: CRISTINA M. GUZMAN

9200 S DADELAND BLVD., STE 800

MIAMI, FL 33156

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

CRISTINA M. GUZMAN

Printed Name

FILING FEE: \$25.00