

L11000057423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

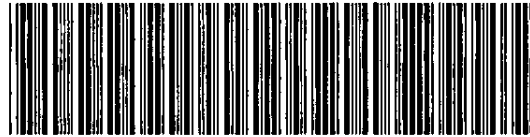
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/13--01004--019 **60.00

FILED
2013 SEP 25 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2013

ANNETTE CASACI, CFO
6400 CONGRESS AVENUE, SUITE 2250
BOCA RATON, FL 33487

SUBJECT: FIVE PEAKS, LLC
Ref. Number: L11000057423

We have received your document for FIVE PEAKS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L13000098780.

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: 813A00022287

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TALLAHASSEE, FLORIDA

**Five Peaks, LLC
6400 Congress Avenue
Suite 2250
Boca Raton, FL 33487**

September 26, 2013

Florida Department of State
Division of Corporations
Corporate Filings
Ms. Deborah Bruce
P.O. Box 6327
Tallahassee, FL 32314

Sent via e-mail to:
Deborah.Bruce@dos.myflorida.com

Re: Five Peaks, LLC
L11000057423

Dear Ms. Bruce:

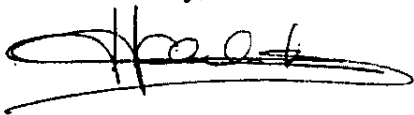
Pursuant to our conversation this morning, please be advised that we recently filed a voluntary dissolution with the State of Florida for one of our other entities; The Bright Insurance Agency, LLC, Document Number L13000098780.

We do not intend to reinstate this LLC in the future.

Since The Bright Insurance Agency, LLC was one of our subsidiaries, and we do not intend to reinstate it, we respectfully request that you approve the name change request that we submitted to the State for Five Peaks, LLC to The Bright Insurance Agency, LLC.

Thank you for your consideration.

Sincerely,



Annette Casacci
Chief Financial Officer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Five Peaks, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette Casacci, CFO

Name of Person

The Bright Insurance Agency, LLC

Firm/Company

6400 Congress Avenue, Suite 2250

Address

Boca Raton, FL 33487

City/State and Zip Code

annette@thebright.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Kip Speyer

Name of Person

at (561) 870-4600

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

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Five Peaks, LLC

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 17

2013


Signature of a member or authorized representative of a member

W. Kip Speyer

Typed or printed name of signee

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Filing Fee: \$25.00

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