

L110000 661 81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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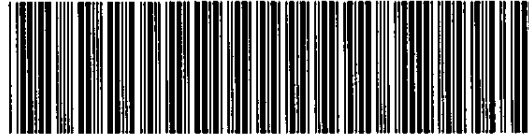
(Business Entity Name)

(Document Number)

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

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2015 MAR 13 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 01 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHARITY INSITE 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:

ROBERT GROBSTEN

(Name of Person)

CHARITY INSITE LLC

(Firm/Company)

21301 POWERLINE ROAD #100

(Address)

BOCA RATON FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT GROBSTEN

(Name of Person)

at ( 561 ) 289 4803

(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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
CIVILITY INSITE LLC
2. The Articles of Organization were filed on 6/7/11 and assigned  
document number 211000066181
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).  
CONSENT OF THE MEMBER
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_
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

ROBERT GRUBSTEIN

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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