

L110000075225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

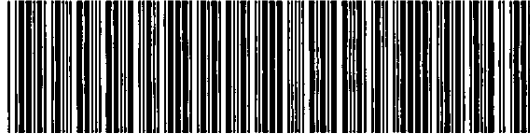
(Business Entity Name)

(Document Number)

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

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10/29/15--01022--001 \*\*25.00

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15 OCT 29 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2015  
Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMB Insurance Agency 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:

Ciro M. Cerrato  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8276 Calabria Lakes Dr  
(Address)

Boynton Beach FL 33473  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ciro Cerrato at ( 561 ) 735-1571  
(Name of Person) (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

CMB Insurance Agency

2. The Articles of Organization were filed on 6/29/2011 and assigned

document number L11000075235

3. The delayed effective date the dissolution if not effective on the date of filing: 10/20/2015  
(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).

Out of 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:

Ciro M. Cerrato  
8276 Calabria Lakes Dr  
Boynton Beach FL 33473

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Ciro M. Cerrato  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CMB Insurance Agency

Document number of Limited Liability Company is: L11000075235

Date of dissolution was: 10/20/2015

Description of information that must be included in a written claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)


8276 Calabris Lakes Dr  
Boynton Beach FL 33473  

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ciro M. Cerrato  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**