

#L12000077074

(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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03/12/14--01023--011 **25.00

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2014 APR - 1 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR - 4 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2014

SOLUTIONS FOR INSURANCE, LLC
PATRICIA MATTIX
14511 PLEACH ST.
WINTER GARDEN, FL 34787

SUBJECT: SOLUTIONS FOR INSURANCE, LLC
Ref. Number: L12000077074

We have received your document for SOLUTIONS FOR INSURANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is a dissolution form for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 914A00005568

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: solutions for insurance, 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:

Patricia Mattix

(Name of Person)

(Firm/Company)

14511 Pleach St

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

patricia mattix

(Name of Person)

352

250 6104

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

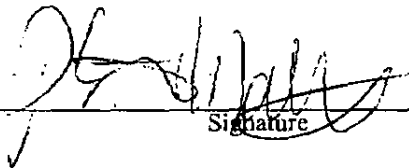
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
Solution for Insurance, LLC
2. The Articles of Organization were filed on 06-11-2012 and assigned
document number L12000077074
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).
usefulness of company had served its course

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

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:


Signaturepatricia mattix

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: Solutions for Insurance, LLC

Document number of Limited Liability Company is: L12000077074

Date of dissolution was: _____

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

n/a

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

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.

patricia mattix

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

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TALLAHASSEE, FLORIDA