

L12000094435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

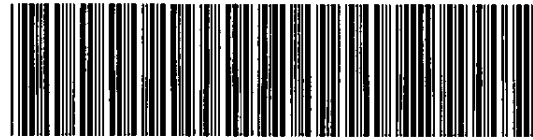
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

FEB 13 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2015

JOSEPH A PALAZZOLA
3751 DIRBY DR. #704
PALM HARBOR, FL 34684

SUBJECT: ALLIANCE INSURANCE GROUP OF FLORIDA LLC
Ref. Number: L12000094435

We have received your document for ALLIANCE INSURANCE GROUP OF FLORIDA LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on and our office received the Articles of Revocation of Dissolution on . Therefore, the enclosed document cannot be filed and is being returned to you.

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: 815A00002453

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE INSURANCE GROUP OF FLORIDA, LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSEPH A. PALAZZOLA
Contact Person

ALLIANCE INSURANCE GROUP OF FLORIDA, LLC
Firm/Company

3751 DERBY DR. # 704
Address

PALM HARBOR, FL 34684
City, State and Zip Code

J. PALAZZOLA@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH PALAZZOLA at (727) 688-2096
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

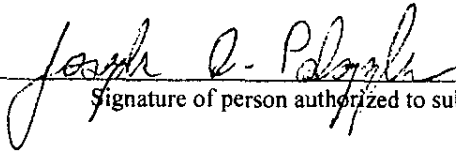
MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE FLORIDA

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: ALLIANCE INSURANCE GROUP OF FLORIDA, LLC
2. The document number of the company is L12000094435
3. The effective date the Dissolution was filed is ^{JAP} ~~JULY 20~~, Sept 3, 2014
4. The revocation of dissolution was authorized on 1-21-2015
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (2/14)

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TALLAHASSEE FLORIDA

FILED
Sep 03, 2014
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

ALLIANCE INSURANCE GROUP OF FLORIDA LLC

The document number of the limited liability company: L12000094435

The file date of the articles of organization: July 20, 2012

The effective date of the dissolution if not effective on the date of filing: September 3, 2014

A description of occurrence that resulted in the limited liability company's dissolution:

I AM WORKING WITH ANOTHER INSURANCE COMPANY AND IT IS A CONFLICT OF INTEREST TO
OWN MY OWN INS. COMPANY

The name and address of the person appointed to wind up the company's activities and affairs:

JOSEPH A. PALAZZOLA
3751 DERBY DR. UNIT 704
PALM HARBOR, FL 34684

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOSEPH A. PALAZZOLA

Electronic Signature of authorized person