

L12000094435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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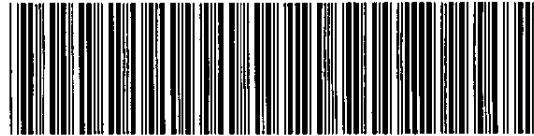
(Business Entity Name)

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DIVISION OF CORPORATION, SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 13 2015
J. BRUCI

COVER LETTER

TO: Registration Section
Division of Corporations

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

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. PALAZZOLA
Name of Person

ALLIANCE INSURANCE GROUP OF FLORIDA, LLC
Firm/Company

3751 DERBY DRIVE, UNIT 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 A. PALAZZOLA at (727) 688-2096
Name of Person Area Code Daytime Telephone Number

STREET/COURIER 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, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE FLORIDA
CLERK OF COURT

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ALLIANCE INSURANCE
GROUP OF FLORIDA, LLC

SECOND: The Florida Document number of the limited liability company is: L12000094435

THIRD: Document to be corrected is:
ARTICLES OF DISSOLUTION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

INCORRECT: DISSOLUTION DATE OF 9-3-2014

REASON: INCORRECT DATE

CORRECT STATEMENT: DISSOLUTION DATE SHOULD
OF BEEN 12-31-2014

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

Joseph A. Palaych
Signature of Authorized Representative

2-10-2015
Date

2015 FEB 12 AM 11:34
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)