

L12000131752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
15 MAR 30 PM 4:41  
CLERK OF DISTRICT COURT  
JUDICIAL DISTRICT OF NEBRASKA

APR 17 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE AHLBUM INSURANCE GROUP, 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:

FRANCISCO A. CORRALES, ESQ.

(Name of Person)

SILVERBERG & WEISS, P.A.

(Firm/Company)

1290 WESTON ROAD, SUITE 218

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO CORRALES

(Name of Person)

at 954 384-0998

(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:**

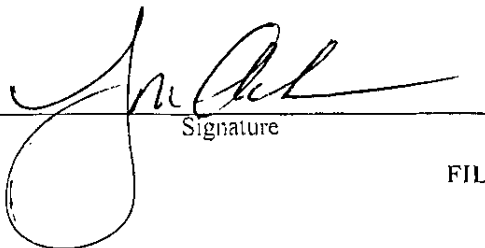
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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15 MAR 30 PM 4:41  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
THE AHLBUM INSURANCE GROUP, LLC
2. The Articles of Organization were filed on 10/16/2012 and assigned  
document number L12000131752
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 ALL THE MEMBERS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

JOHN AHLBUM, MEMBER  
Printed Name

FILING FEE: \$25.00

FILED  
15 MAR 30 PM 4:41

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## 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: THE AHLBUM INSURANCE GROUP, LLC

Document number of Limited Liability Company is: L12000131752

Date of dissolution was: \_\_\_\_\_

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

1. CREDITOR NAME, CONTACT, ADDRESS AND TELEPHONE NUMBER;
2. CLAIM AMOUNT AND GENERAL DESCRIPTION; AND
3. COPY OF INVOICE AND CONTRACT (IF APPLICABLE).

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

THE AHLBUM INSURANCE GROUP, LLC

ATTN: JON AHLBUM

2000 BANKS ROAD, SUITE 209

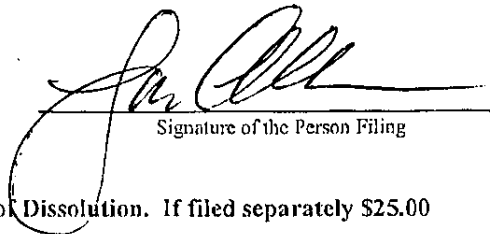
MARGATE, FL 33063

FILED  
MAR 30 PM 4:41  
STATE  
CLERK

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.

JON AHLBUM, MEMBER

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