L12000153494

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800270508738

03/16/15--01020--004 **25.00

15 APR 15 PH 12: 20
Shala Sarrar STATE
TALLAHASSEEL FLORIO

APR 1 7 2015

T. BROWN

COVER LETTER

Registration Section Division of Corporations

Holloway Insurance Services LLC

SUBJECT:

(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:

Lloyd Holloway		
	(Name of Person)	
Holloway Insurance Se	rvices LLC	
	(Firm/Company)	
712 Deshutes Dr		
	(Address)	
Alford, Florida 32420		
	(City/State and Zip Code)	

For further information concerning this matter, please call:

Lloyd Holloway 850 209-1294

(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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2015

LLOYD HOLLOWAY HOLLOWAY INSURANCE SERVICES LLC 712 DESHUTES DR ALFORD, FL 32420

SUBJECT: HOLLOWAY INSURANCE SERVICES LLC

Ref. Number: L12000153494

We have received your document for HOLLOWAY INSURANCE SERVICES 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):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please give the address of the person appointed to wind up the affairs.

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.

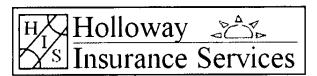
Teresa Brown Regulatory Specialist II

Letter Number: 215A00006791

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Holloway Insurance Services LLC 2. The Articles of Organization were filed on 12/10/2012 and a	assigned FLORIDA
2. The Articles of Organization were filed on 12/10/2012 and a	assigned FLORIDA
document number L12000153494	
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 documents)	nt is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolut 605.0707. Florida Statutes, (copy 605.0707 on back cover letter). This is a voluntary dissolution.	
The Members of Bollowy Insurance Service No need to commune busy as a Limited Company. See attached better 5. If there are no members, enter the name and address of the person appointed to wind activities and affairs:	
6. Signature of an authorized person or if there are no members, the signature of the polisted above to wind up the company's activities and affairs:	erson appointed and
Lloyd Holloway Signature Printed Name	

FILING FEE: \$25.00



Lloyd M Holloway Lutcf 850-209-1294 phone / 850-579-4399 fax / <u>Hollowayins@gmail.com</u>

I, Lloyd Holloway president of Holloway Insurance Services LLC wish to close this Elmited Liability Company. This is a Voluntary action.

I will continue to do business as an individual under the ficticious Name Holloway Insurance Services.

J. Hally 4/14/2015