

L13000018222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

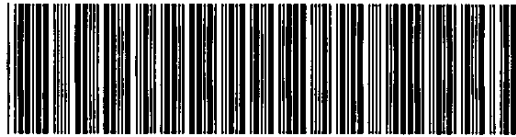
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300270192383

03/12/15--01026--004 **25.00

FILED

2015 MAR 12 PM 12:45

PROPERTY OF STATE
TREASURER OF FLORIDA

MAR 31 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVISORS 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:

SUSAN RUSHING

(Name of Person)

RUSHING LAW FIRM, PLLC

(Firm/Company)

P.O. BOX 1100

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN RUSHING

(Name of Person)

850

534-0123

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

2015 MAR 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

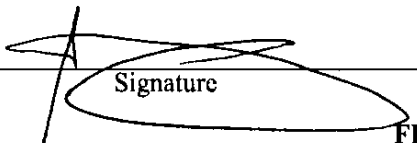
FILED

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

1. The name of a limited liability company is
ADVISORS INSURANCE, LLC
2. The Articles of Organization were filed on 02/04/2013 and assigned
document number L13000018222
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 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

SUSAN RUSHING

Printed Name

FILING FEE: \$25.00

2015 MAR 12 PM 12:45
CLERK OF DISTRICT COURT
ALACHUA COUNTY FLORIDA

FILED

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: ADVISORS INSURANCE, LLC

Document number of Limited Liability Company is: L13000018222

Date of dissolution was: 03/09/2015

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

NAME, ADDRESS, PHONE, LEGAL REPRESENTATIVE

DESCRIPTION AND LEGAL BASIS OF CLAIM

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

SUSAN RUSHING

RUSHING LAW FIRM, PLLC

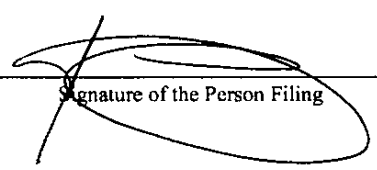
P.O. BOX 1100

SANTA ROSA BEACH, FL 32459

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.

SUSAN RUSHING

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

2015 MAR 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED