

**L1300028647**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : HARPER, KYNES, GELLER, & GREENLEAF, P.A.  
 Account Number : 070651000745  
 Phone : (727)799-4840  
 Fax Number : (727)797-8206

**LLC DISSOLUTION OR WITHDRAWAL  
 OWNER OPERATORS FLORIDA INSURANCE PROGRAM, LLC**

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ARTICLES OF DISSOLUTION  
OF  
OWNER OPERATORS FLORIDA INSURANCE PROGRAM LLC

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Pursuant to Florida Statutes Section 605.0707, the following Florida limited liability company (the "Company") submits these Articles of Dissolution to the Florida Secretary of State for the purposes of dissolving the Company in accordance with Chapter 605 of the Florida Statutes, and other laws of the State of Florida.

ARTICLE I

Name

The name of the Company as currently filed with the Florida Secretary of State is OWNER OPERATORS FLORIDA INSURANCE PROGRAM LLC.

ARTICLE II

Document Number

The document number of the Company is L13000028647.

ARTICLE III

Filing Date for Articles of Organization

The filing date of the Articles of Organization for the Company was February 25, 2013.

ARTICLE IV

Date of Dissolution

The date the dissolution of the Company was authorized is October 1, 2018. The effective date for dissolution of the Company shall be the date these Articles of Dissolution are filed with the Florida Secretary of State.

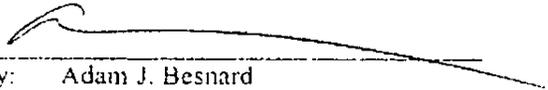
ARTICLE V

Approval of Dissolution

Dissolution of the Company was approved by the unanimous written consent of the Members of the Company on the date specified in Article IV in accordance with Florida Statutes Section 605.0701.

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OWNER OPERATORS FLORIDA  
INSURANCE PROGRAM LLC



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By: Adam J. Besnard  
Its: Manager

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION  
FOR  
OWNER OPERATORS FLORIDA INSURANCE PROGRAM LLC

This Notice of Limited Liability Company Dissolution is submitted by OWNER OPERATORS FLORIDA INSURANCE PROGRAM LLC, a Florida limited liability company (the "Company"), for resolution of payment of unknown claims against this Company as provided in Florida Statutes §605.0712.

Name of Company; Document Number; Date of Dissolution

The name of the Company as currently filed with the Florida Secretary of State is OWNER OPERATORS FLORIDA INSURANCE PROGRAM LLC. The document number of the Company is L13000028647. The date of dissolution of the Company was October 1, 2018.

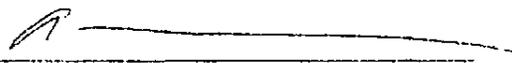
Information That Must be Included in a Claim

The following information must be included in any claim against the Company: (a) the basis for the claim; (b) the name, address, telephone number, and contact person of the claimant, and the name, address, and telephone number of claimant's attorney, if any; (c) the amount of the claim (and specify whether the amount is currently due, or the date in which such amount will become due); (d) whether the claim is contingent or unliquidated; and if contingent or unliquidated, a description of the nature of the uncertainty; (e) whether the claim is secured or unsecured; and if secured, a description of such security; and (f) any and all documentation supporting the claim.

All claims must be mailed to: Besnard Insurance 3100 Bayport Dr Ste 410  
(Claims cannot be sent to the Florida Department of State) Tampa, FL 33629

A CLAIM AGAINST THE ABOVE-NAMED COMPANY WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN FOUR (4) YEARS AFTER THE FILING OF THIS NOTICE.

OWNER OPERATORS FLORIDA  
INSURANCE PROGRAM LLC

  
By: Adam J. Besnard  
Its: Manager