

L130000 47243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/14--01007--012 **75.00

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DEPARTMENT OF
REVENUE
2014 MAR 24 10 10 59
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FILED
2014 MAR 25 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2013
T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

My Insurancekinect LLC

Signature

Requested by: SN

3/24/14

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
☒ Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

CAPITAL CONNECTION INC
SN

SUBJECT: MYINSURANCEKINECT LLC
Ref. Number: L13000047243

RECEIVED
DIVISION OF CORPORATIONS
2014 MAR 25 PM 4:23
TO CORP ALLOUT
SUFFICIENCY OF FILING

We have received your document for MYINSURANCEKINECT LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 714A00006325

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

1. The name of a limited liability company is
Myinsurancekinect, LLC
2. The Articles of Organization were filed on 04-01-2013 and assigned
document number L13000047243
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).
The Member has decided to cease the operation and business of the LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: David A. Iannone

12331 Town Lake Drive, #2

Fort Myers, FL 33913

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

David A. Iannone

Printed Name

FILING FEE: \$25.00

FILED
2014 MAR 25 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: myinsurancekinect, LLC

Document number of Limited Liability Company is: L13000047243

Date of dissolution was: 03-20-14

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

The Member has decided to cease the operation and business of the LLC.

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

Frank J. Aloia, Jr., Esq.

Aloia, Roland & Lubell, LLP

2254 1st Street

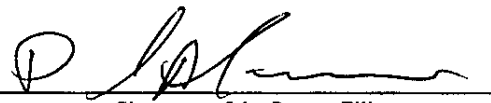
Fort Myers, FL 33901

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TALLAHASSEE, FLORIDA

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.

David A. Iannone

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