

L13000120244

(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:

J DENNIS

JUL 17 2023

FILED

SECRETARY OF STATE

2023 JUL 14 AM 9:26

Office Use Only



700409733267

07/14/23--01004--005 **55.00

ALLAHASSEE, FLORIDA

2023 JUL 14 AM 9:43

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FICPA Insurance Services, 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:

Attn:

J Jeffry Wahlen

(Name of Person)

Ausley McMullen

P.A.

(Firm/Company)

123 South Calhoun Street/PO Box 391

(Address)

Tallahassee, FL 32301 (PO Box 32302)

(City/State and Zip Code)

For further information concerning this matter, please call:

J Jeffry Wahlen

850

556-0357

at ()

(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:

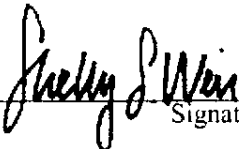
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
FICPA Insurance Services, LLC
2. The Articles of Organization were filed on 08/23/2013 and assigned
document number L13000120244
3. The delayed effective date the dissolution if not effective on the date of filing: date of filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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 consent of all of 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:
Shelly Weir
250 S. Orange Avenue, Ste. 300P
Orlando, FL 32801
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

Shelly Weir

Printed Name

FILING FEE: \$25.00

2023 JUL 14 AM 9:26

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

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: FICPA Insurance Services, LLC

Document number of Limited Liability Company is: L13000120244

Date of dissolution was: Effective Upon Filing

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

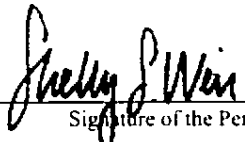
Name, address, and phone number of claimant; name and phone number of person who can speak about the
claim on behalf of the claimant; a clear and concise statement of the claim, including the amount of
and basis for the claim; and any contract, invoice, statement of account and/or any other documents that
form the basis for the claim

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

Shelly Weir
FICPA
250 S. Orange Avenue, Ste 300P
Orlando, FL 32801

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.

Shelly Weir
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