

L13000162714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
14 DEC 30 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/30/14 JAN 16 2015



**Sender Information:**

Shahram M. Siddiqui  
Liquidator  
Direct Dial: 305.400.0576

Date: December 22, 2014

**VIA US MAIL**

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: InSight Capital Partners LLC/Articles of Dissolution

Ladies and Gentlemen:

Enclosed please find the executed Articles of Dissolution for the above referenced entity. Also enclosed is a check in the amount of \$25.00, which represents the associated filing fee. Should you have any questions regarding the enclosed documents, please do not hesitate to contact the undersigned at the telephone number indicated above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shahram M. Siddiqui', with a long horizontal flourish extending to the right.

SHAHRAM M. SIDDIQUI, Liquidator

SMS/ss

Enclosures

cc: Mr. Michael Mogull (via email w/Enclosures)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INSIGHT CAPITAL PARTNERS 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:

Shahram M. Siddiqui, Liquidator

(Name of Person)

(Firm/Company)

300 S. Biscayne Blvd. #2914

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Shahram M. Siddiqui

(Name of Person)

at ( 305 ) 714-4390

(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:**

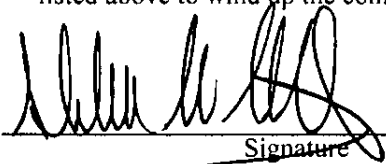
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
INSIGHT CAPITAL PARTNERS LLC
2. The Articles of Organization were filed on November 19, 2013 and assigned  
document number L13000162714
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(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 the members dated December 22, 2014

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

Shahram M. Siddiqui, Liquidator  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

14 DEC 30 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, 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: INSIGHT CAPITAL PARTNERS LLC

Document number of Limited Liability Company is: L13000162714

Date of dissolution was: 12/31/2014

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

Name of creditor, address creditor, detailed description of the claim, amount claimed,

detailed description of services provided, date of services provided,

and your invoice number. Each claim will be evaluated for its merit.

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

Shahram M. Siddiqui, Liquidator

300 S. Biscayne Blvd. #2914

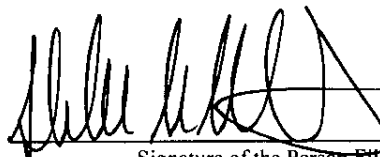
Miami, FL 33131

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SECRETARY OF STATE  
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.

Shahram M. Siddiqui, Liquidator

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**