

L13000172710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

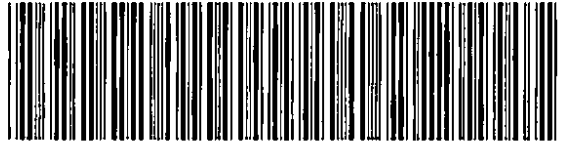
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2022 OCT 10 PM 2:44

CLERK OF COURT

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT 19 AM 8:48

FILED

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/10/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1076072

**ORDER ENTITY**

AUTOAGENT DATA SOLUTIONS LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**AUTOAGENT DATA SOLUTIONS LLC (FL)**

File the attached statement of termination.

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Autoagent Data Solutions LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Duntz

\_\_\_\_\_  
Name of Person

Holland & Knight LLP

\_\_\_\_\_  
Firm/Company

150 N. Riverside Plaza, Suite 2700

\_\_\_\_\_  
Address

Chicago, Illinois 60606

\_\_\_\_\_  
City/State and Zip Code

yanni@autoagent.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanni Valsamas

at ( 773 ) 7840709 ext. 207

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2022

INCSERV

SUBJECT: AUTOAGENT DATA SOLUTIONS LLC  
Ref. Number: L13000172710

*Hi Neysa,  
please proceed,  
Thanks!!*

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

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 722A00022672

RECEIVED  
2022 OCT 19 PM 2:53  
TALLAHASSEE, FLORIDA

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

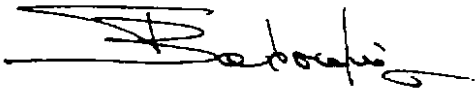
**FIRST:** The name of the limited liability company is: Autoagent Data Solutions LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000172710

**THIRD:** The date of filing of the initial articles of organization is: December 16, 2013

**FOURTH:** The date of filing of the dissolution is: September 29, 2022

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Ioannis Valsamas

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT 19 AM 8:48

FILED