

44000006598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

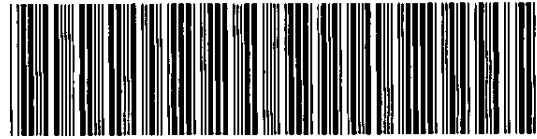
(Document Number)

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15 APR 30 PM 12:38

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2015 APR 30 AM 11:32  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

APR 01 2015

Michael Himmel  
Vanallen Insurance Agency LLC  
Requester's Name  
3984 Shumard Oak BLVD  
Address  
Tallahassee, FL 32311  
City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Vanallen Insurance Agency LLC. L14000006598.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)
5. \_\_\_\_\_  
(Corporation Name) (Document #)
6. \_\_\_\_\_  
(Corporation Name) (Document #)
7. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

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☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

~~Call when ready~~ MAIL OUT

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2015 APR 30 AM 11:32  
CLERK OF STATE  
TALLAHASSEE, FL 32302

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

1. The name of a limited liability company is

VANALLEN INSURANCE AGENCY LLC

2. The Articles of Organization were filed on 01/13/2014 and assigned

document number L14000006598

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)  
**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).

WE DECIDE NOT TO USING THIS COMPANY

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

MICHAEL HIMMEL

3984 SHUMARD OAK BLVD

TALLAHASSEE, FL 32311

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

Michael Himmel  
Printed Name

**FILING FEE: \$25.00**

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DEPARTMENT OF STATE

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