

L14000018176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

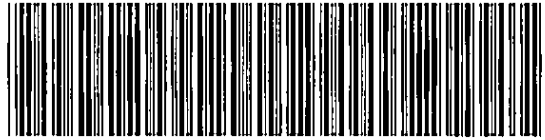
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06-18-18 11:14:00 4921.00

6/20/18 OS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Assurance Public Adjusting, 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:

Sonia Blaisdell

(Name of Person)

Assurance Public Adjusting, LLC

(Firm/Company)

9495 Evergreen Pl 304

(Address)

Ft Lauderdale FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Janette L Davis, CPA, LLC at 954 967-0584

(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/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  
Assurnee Public Adjusting, LLC
- 
2. The Articles of Organization were filed on 02/03/2014 and assigned  
document number L14000018176
3. The delayed effective date the dissolution if not effective on the date of filing: 05/31/2018  
(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).  
Company Closed
- 
- 
- 
- 
- 
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:

Sam A. Blauvelt  
Signature

Sonia Blaisdell

Printed Name

**FILING FEE: \$25.00**

## 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: Assurance Public Adjusting, LLC

Document number of Limited Liability Company is: L14000018176

Date of dissolution was: 05/31/2018

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

Type of claim, Date work performed, Invoice date, Description of work

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

9495 Evergreen Pl 304

Ft Lauderdale, Florida 33324

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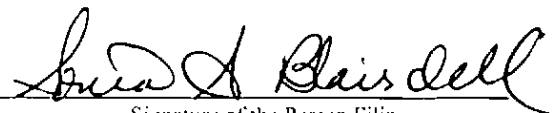
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Sonia Blaisdell

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**