

L141000019566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

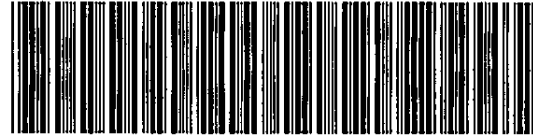
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE
J. Stivers MAR 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citi INSURANCE, 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:

Kristin MULLAH
(Name of Person)

Citi INSURANCE, LLC
(Firm/Company)

3246 W MAJORY BLVD
(Address)

Jupiter, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristin MULLAH at (561) 246-0483
(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

Citi INSURANCE, LLC

2. The Articles of Organization were filed on 2/4/2014 and assigned

document number L14000019566

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)

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).

CANNOT get any Appts. with
INSURANCE CO. CARRIERS. to
write New Business.

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:

Kristin M. Mullah
Signature

Kristin M. Mullah
Printed Name

FILING FEE: \$25.00