

L14000019690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

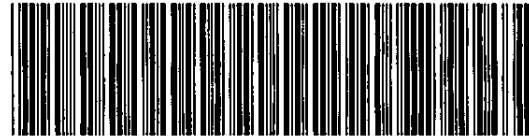
(Business Entity Name)

(Document Number)

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

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10/09/14--01009--022 \*\*25.00

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14 OCT 31 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.09 - 3 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Port Orange 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:

Michelle T. Delmonico  
(Name of Person)  
Port Orange Insurance, LLC  
(Firm/Company)  
1648 Taylor Rd, Suite 105  
(Address)  
Port Orange, FL 32128  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle T. Delmonico at ( 386 ) 492-8165  
(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)

check # 1007  
already cashed

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2014

MICHELLE T DELMORICO  
1648 TAYLOR RD  
STE 105  
PORT ORANGE, FL 32128

SUBJECT: PORT ORANGE INSURANCE, LLC  
Ref. Number: L14000019690

We have received your document for PORT ORANGE INSURANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 714A00022021

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Port Orange Insurance, LLC

2. The Articles of Organization were filed on 2/5/14 and assigned

document number L14000019690

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).

Started employment and owning an agency was a  
conflict of interest.

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

Michelle T. Delmonico  
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA