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(Requestor's Name)
(Address)
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#### COVER LETTER

TO:

Registration Section, Division of Corporations

## Dean-Hamilton 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:

## Tracyann N. Hamilton

(Name of Person)

## Dean-Hamilton Insurance, LLC

(Firm/Company)

## 7971 Riviera Boulevard, Suite 101

(Address)

# Miramar, Florida 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

## Tracyann Hamilton

973-7313

(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

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

2. The Articles of Organization were filed on   document number   1.14000148002  3. The delayed effective date the dissolution if not effective on the date of  (effective date cannot be prior to or more than 90 days later tha  Note: If the date inserted in this block does not meet the applicable statutory 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 compan 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  Decided to change to a Florida For-Profit Corporation.  5. If there are no members, enter the name and address of the person appoin activities and affairs:  Tracyann N. Hamilton  19821 NW 2nd Avenue, Auite 103  Miami Gardens, Florida 33169	filing: 06/01/2019	filing
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	nted to wind up the comp	( )
Miami Gardens, Florida 33169		
6. Signature of an authorized person or if there are no members, the signat listed above to wind up the company's activities and affairs:	ure of the person appointe	———ed and
Coeyann Manuel Tracyann N. Hamil	ton	

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: Dean-Hamilton Insurance, L	<u>LC</u>		
Document number of Limited Liability Company is: L14000148002			
Date of dissolution was: 06/01/2019			
Description of information that must be included in a written claim:	11 11.74	201	
There are no legal claims attached to this LLC		019 MAY	
		23	
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	72!	သိ	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora 7971 Reviera Boulevard, Suite 101	tions)		
Miramar, Florida 33023			
A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice.	g to enfo	orce th	ıe
Tracyann Hamilton		4	

Fee: No charge if included with Articles of Dissolution. If filed senarately \$25,00

Printed Name of the Person Filing