

U14000154645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 NOV 10 PM 4:11  
CLERK OF STATE  
TALLAHASSEE FLORIDA

NOV 17 2014  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hurst Insurance Services of FWB, LLC

**DOCUMENT NUMBER:** L14000154645

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael W. Brown

(Name of Contact Person)

Hurst Insurance Services of FWB, LLC

(Firm/Company)

1418 W. 23rd Street #200

(Address)

Panama City, FL 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Bobo

(Name of Contact Person)

at ( 850 )

(Area Code)

215-5349

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

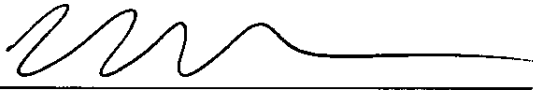
**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
STATE SECRETARY OF CORP.

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

1. The name of a limited liability company is  
Hurst Insurance Services of FWB LLC
2. The Articles of Organization were filed on 10/3/2014 and assigned  
document number L14000154645
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).  
Company never formed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 W. Brown  
1418 W. 23rd Street #200  
Panama City, FL 32405  
\_\_\_\_\_
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 W. Brown

Printed Name

**FILING FEE: \$25.00**

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FLORIDA