

JUN/05/2017/MON 03:14 PM

6/5/2017

FAX No.

.001

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**LLC DISSOLUTION OR WITHDRAWAL  
AMZ INSURANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2017 JUN -5 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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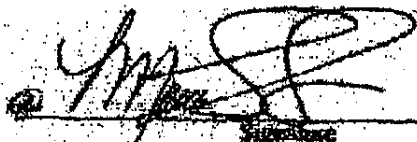
K. SALY

JUN - 6 2017

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
AMZ INSURANCE LLC
2. The Articles of Organization were filed on 10/13/2014 and assigned  
document number L14000159966
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)  
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).  
NO LONGER IN 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:

  
Signature

6/2/17

MARIA SIAREZ

Printed Name

6/2/17