

JUN/13/2017/TUE 11:48 AM

FAX No.

P. 001

6/12/2017

Division of Corporations

**L1400015966**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000156708 3)))



H170001567083ABC2

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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 REVOCATION OF DISSOLUTION  
AMZ INSURANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$100.00

RECEIVED

2017 JUN 13 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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17 JUN 13 AM 10:41  
DIVISION OF CORPORATIONS

FILED

JUN/13/2017/TUE 11:48 AM

FAX No.

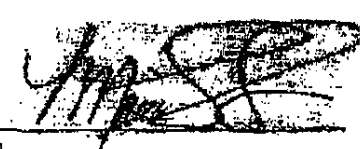
P. 003

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

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DIVISION OF CORPORATIONS

1. The name of the company is: AMZ INSURANCE LLC
2. The document number of the company is L14000159966
3. The effective date the Dissolution was filed is 6/5/17
4. The revocation of dissolution was authorized on 6/5/17
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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

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:

 6/2/17

MARIA SUAREZ

6/2/17

JUN/13/2017/TUE 11:48 AM

FAX No.

P. 002

850-617-6381

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June 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AMZ INSURANCE LLC  
9780 SW 147TH ST  
MIAMI, FL 33176US

SUBJECT: AMZ INSURANCE LLC  
REF: L14000159966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

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.

Yasemin Y Sulker  
Regulatory Specialist II

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