

h15000006032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

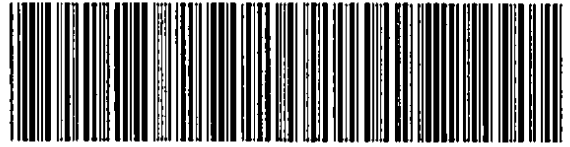
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TOLSON, J. C.

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*Dissolution*

DEC 28 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: W & W INSURANCE GROUP, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

WENDI SEELIN

(Name of Person)

W & W INSURANCE GROUP, LLC

(Firm/Company)

48 NORTH LAKE SHORE DRIVE

(Address)

HYDOLUXO, FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

WENDI SEELIN

(Name of Person)

at (

561, 546 1468

(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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

W + W / INSURANCE GROUP, LLC

2. The Articles of Organization were filed on 01/11/2015 and assigned

document number L15000006032

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2011  
(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).

BUSINESS SOLD AND ALL NOTES COLLECTED

5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:

WENDI SEELEN, MEMBER  
48 NORTH LAKE SHORE DRIVE  
HYPOCAUX, FL 33462

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:

Wendi Seelen

Signature

WENDI SEELEN MEMBER

Printed Name

FILING FEE: \$25.00

2021 DEC 14 PM 3:07

FILED