

L15000 034604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

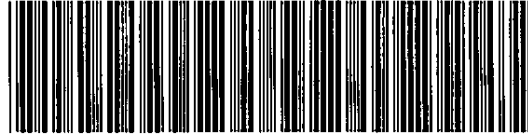
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 29 AM 11:48

JUN 30 2016

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Key Insurance Solutions, 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:

Steve Lund/ Geraldine Trent

(Name of Person)

(Firm/Company)

17829 Lake Lucy Lane / 9855 SE Hwy 42

(Address)

Summerfield, FL 34421

Groveland, FL 34736

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Lund

(Name of Person)

at ( 352 ) 429-3170

(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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TALLAHASSEE, FL  
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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Key Insurance Solutions, LLC

2. The Articles of Organization were filed on February 24, 2015 and assigned

document number L15000034604

3. The delayed effective date the dissolution is not effective on the date of filing: June 23, 2016

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

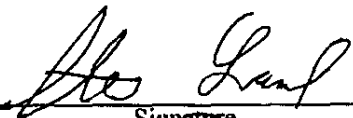
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The company never started doing any 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:

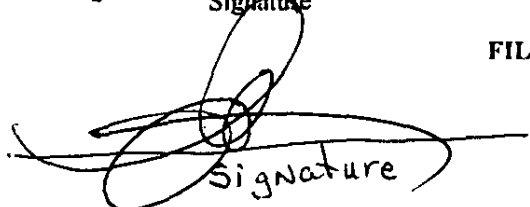


Signature

Steve Lund

Printed Name

**FILING FEE: \$25.00**



Signature

Geraldine Trent

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TALLAHASSEE, FLORIDA  
6 JUN 29 AM 11:48