

L15000083662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

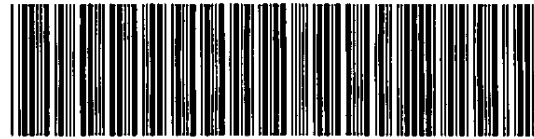
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2016 SEP 26 PM 2:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY

SEP 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2016

PRO ACCOUNTING AND FINANCIAL SOLUTIONS INC
LUIS E. TORRES
1925 NE 45TH ST, STE. 128
FORT LAUDERDALE, FL 33308

SUBJECT: AAP INSURANCE GROUP LLC
Ref. Number: L15000083662

2016 SEP 26 PM 4:55
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We have received your document for AAP INSURANCE GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00020079

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAP INSURANCE GROUP 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:

LUIS E. TORRES

(Name of Person)

PRO ACCOUNTING AND FINANCIAL SOLUTIONS INC.

(Firm/Company)

1925 NE 45TH STREET SUITE # 128

(Address)

FORT LAUDERDALE FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS E. TORRES

(Name of Person)

at (954) 667-0673

(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

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

FILED

2016 SEP 26 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
AAP INSURANCE GROUP LLC

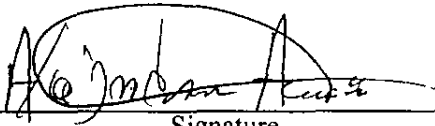
2. The Articles of Organization were filed on 05/12/2015 and assigned
document number L15000083662

3. The delayed effective date the dissolution if not effective on the date of filing: 09/23/2016
(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 business have been sold.

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

ALEJANDRA ACEVEDO

Printed Name

FILING FEE: \$25.00