

L15000200279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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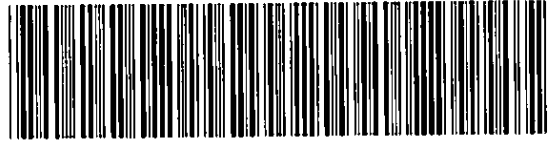
(Business Entity Name)

(Document Number)

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2024 OCT 29 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FL 32301

RECEIVED

2024 OCT 29 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : DIS-27073

AUTHORIZATION :

COST LIMIT : \$25.00

[Handwritten Signature]

ORDER DATE : 10/29/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILINGS

NAME: Vertus Insurance Partners, LLC

☒ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2024 OCT 29 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Vertus Insurance Partners, LLC

2. The Articles of Organization were filed on December 3, 2015 and assigned

document number L15000200279

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).

Consent of the Majority Member

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:

Signed by:



0405364E9E6844G

Signature

Michael Mast

Printed Name

FILING FEE: \$25.00