

L16000024447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

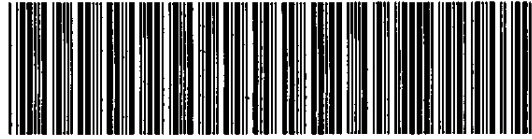
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/16--01035--003 **25.00

2016 FEB 22 A 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 23 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frank Winston Crum Insurance Holdings, 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:

Danielle Grubb

(Name of Person)

FrankCrum

(Firm/Company)

100 S Missouri Ave

(Address)

Clearwater, FL 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

Danielle Grubb

(Name of Person)

at (727) 726-2786 x1380

(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**

1. The name of a limited liability company is
Frank Winston Crum Insurance Holdings, LLC
2. The Articles of Organization were filed on 02/04/2016 and assigned
document number L16000024447
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).
Scrivener's error in completing the articles of organization by authorized representative. Articles of Incorporation
should have been filed instead. Please dissolve and a separate entity will be incorporated to reflect the desires of
the shareholder. This entity did no business and has no claims, known or unknown, to wind up.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Frank W. Crum, Jr.-Manager and Sole Member
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

Frank W. Crum, Jr.

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA