

L16000048945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

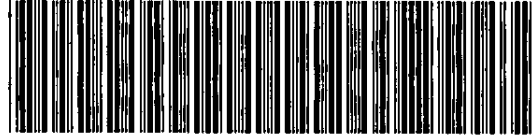
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 APR 15 A 10:09
SECRETARY OF STATE
TAMPA, FLORIDA

APR 18 2016

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April 11, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Guardian Insurance Firm, LLC

To whom it may concern:

Enclosed you will find a Statement of Revocation of Dissolution for the aforementioned limited liability company. The Manager who submitted the revocation was never a Member of the company and was not authorized to dissolve the company.

I have also enclosed an Amendment to the Articles of Organization changing the address of the Company, removing Andrew S. Bales as Manager and adding William Vildibill as an authorized member.

Please contact me with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leighton J. Hyde', followed by a flourish.

Leighton J. Hyde, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Guardian Insurance Firm, LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leighton J. Hyde, Esq.

Contact Person

The Law Office of Leighton J. Hyde, P.A.

Firm/Company

4100 W. Kennedy Blvd. #213

Address

Tampa, FL 33609

City, State and Zip Code

lhyde@hydelawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leighton J. Hyde

at (813) 870-9555

Name of Contact Person

Area Code

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

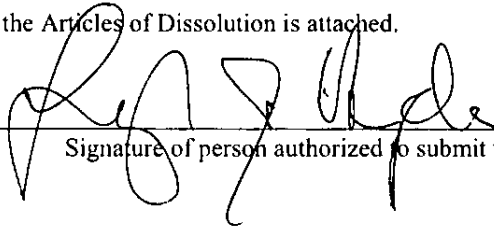
MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: The Guardian Insurance Firm, LLC
2. The document number of the company is L16000048945
3. The effective date the Dissolution was filed is April 7, 2016
4. The revocation of dissolution was authorized on unauthorized
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED
Apr 07, 2016
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

THE GUARDIAN INSURANCE FIRM, LLC

The document number of the limited liability company: L16000048945

The file date of the articles of organization: March 9, 2016

The effective date of the dissolution if not effective on the date of filing: April 7, 2016

A description of occurrence that resulted in the limited liability company's dissolution:

LLC SET UP PREMATURELY BY REGISTERED AGENT WITHOUT MY APPROVAL: AGREEMENT(S)
NEVER EXECUTED, NO FUNDS, BUSINESS NEVER STARTED.

The name and address of the person appointed to wind up the company's activities and affairs:

ANDREW S BALES
9424 LAUREL LEDGE DR
RIVERVIEW, FL 33569 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ANDREW S BALES

Electronic Signature of authorized person