

L16000137761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AAA Insurance Services 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:

Cassandra Hanks-Le  
Contact Person

AAA Insurance Services LLC  
Firm/Company

1978 Wooten Rd.  
Address

Douglas, FL 33527  
City, State and Zip Code

cchanksle34@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra at ( 813 ) 309-4000  
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

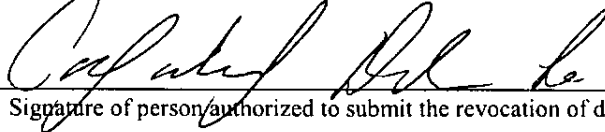
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: AAA Insurance Services LLC
2. The document number of the company is L16000137761
3. The effective date the Dissolution was filed is 7-30-2016
4. The revocation of dissolution was authorized on 7/30/16
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)

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TALLAHASSEE, FLORIDA

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**FILED**  
**Jul 30, 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:

AAA INSURANCE SERVICES, LLC

The document number of the limited liability company: L16000137761

The file date of the articles of organization: July 22, 2016

The effective date of the dissolution if not effective on the date of filing: July 30, 2016

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

DECIDED I DO NOT WANT TO PARTNERSHIP AT THIS TIME

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

CASSANDRA S HANKS-LE  
1978 WOOTEN RD  
DOVER, FL 33527

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: CASSANDRA S HANKS-LE

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Electronic Signature of authorized person