

L17 000005791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

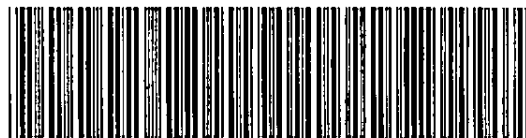
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSIGHT ADVOCATE 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:

ESTELLA SHIM
(Name of Person)

INSIGHT ADVOCATE LLC
(Firm/Company)

2825 SILVER SAND ST
(Address)

CLERMONT FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

ESTELLA SHIM at 352 988-5447
(Name of Person) (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

INSIGHT ADVOCATE LLC

2. The Articles of Organization were filed on 1-12-2017 and assigned

document number 81-4957426

3. The delayed effective date the dissolution if not effective on the date of filing: 8-31-2017
(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).

PERSONAL MEDICAL ISSUES

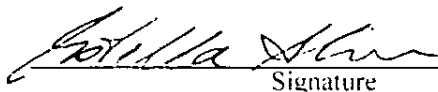
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

ESTELLA SHIM

2825 SILVER SANDS ST

CLERMONT FL 34716

6. Signature of an authorized person or, if there are no members, the signature of the person appointed to wind up the company's activities and affairs:


Signature

ESTELLA SHIM
Printed Name

FILING FEE: \$25.00

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