

L17 0000 14432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

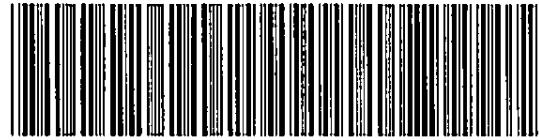
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600306019956

12/01/17--01025--008 **25.00

FILED
17 DEC 28 PM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

DEC 29 2017

Y S JEFFER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

LUIGI VERGANI
948 NE 42 AVE
HOMESTEAD, FL 33033

SUBJECT: SUNSET INSURANCE AND SERVICES LLC
Ref. Number: L17000014432

2017 DEC 26 AM 11:51
TALLAHASSEE, FLORIDA

We have received your document for SUNSET INSURANCE AND SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please list description of information that must be included in a written claim on the Notice of Dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 917A00024420

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLC Dissolution

DOCUMENT NUMBER: L17000014432

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luigi Vergani
(Name of Contact Person)

Sunset Insurance and Services LLC
(Firm/Company)

948 NE 42 Ave
(Address)

Homestead FL 33033
(City/State and Zip Code)

For further information concerning this matter, please call:

Luigi Vergani at (305) 4985445
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

SUNSET Insurance and Services LLC

2. The Articles of Organization were filed on _____ and assigned

document number L17000004432

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/17
(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).

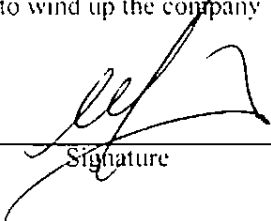
company never went on business

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

AMDR Luigi Vergani

FILED
17 DEC 28 PM 12:49
TALLAHASSEE, FLORIDA

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

Luigi Vergani
Printed Name

FILING FEE: \$25.00