

L17 0000 35099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

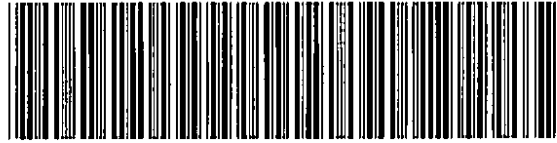
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600388844526

2022 / 11 / 12:37

ALLAHASSEE, FLOR.

2022 NOV 14 PM 4:02

RECEIVED

Handwritten signature and date: 11/17/22

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from account: I 20210000160
Authorized Signature: *[Signature]* Amount: \$100.
Business Name: Protection Insurance Services LLC

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait _____
☐ Photocopy

☐ Certified Copy of Articles of Correction (please stamp each page)

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ CORP

AMMENDMENTS

Revocation of Dissolution
☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion
☐ AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement

☐ APOSTIL _____
Country

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROTECTIM 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:

James F. Keller

Contact Person

Law Office of James F. Keller

Firm/Company

3040 Saddleback Dr.

Address

Cincinnati, OH 45244

City, State and Zip Code

jfk@jfk-law.com

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

For further information concerning this matter, please call:

James F. Keller

at (513)

608-7780

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

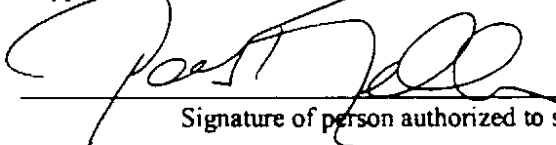
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

14 12:27

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.

- PROTECTIM INSURANCE SERVICES, LLC
1. The name of the company is: _____
 2. The document number of the company is L17000035099
 3. The effective date the Dissolution was filed is August 29, 2022
 4. The revocation of dissolution was authorized on November 10, 2022
 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)

FILED
Aug 29, 2022
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:

PROTECTIM INSURANCE SERVICES, LLC

The document number of the limited liability company: L17000035099

The file date of the articles of organization: February 13, 2017

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

INACTIVITY

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

J. DANIEL TOUIZER
2200 NW CORPORATE BLVD, SUITE 407 PMB 1090
BOCA RATON, FL 33431 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: J. DANIEL TOUIZER

Electronic Signature of authorized person