

From: Michelle Suarez

Fax: 1954000484

To:

ECN: 05061741-12

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09/13/2021 2:24 PM

Division of Corporations

L17000184934

09/13/2021

Florida Department of State 2:17PM
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.
Account Number : I20190000063
Phone : (954)882-4119
Fax Number : (954)882-4119- 954-

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 SEP 13 AM 10:17

**LLC DISSOLUTION OR WITHDRAWAL
FLORIDA ONE INSURANCE PARTNERS LLC**

SEP 14 2021

A. LUNY

Certificate of Status	0
Certified Copy	0
Page Count	NK 5
Estimated Charge	\$25.00

5 Pages

2021 SEP 13 PM 3:16

FLORIDA

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COVER LETTER

(((H21000334811 3)))

TO: Registration Section
Division of Corporations

Florida One Insurance Partners LLC

SUBJECT: _____
(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:

Michelle K Suarez, Esq.

(Name of Person)

Florida Entrepreneur Law

(Firm/Company)

101 NE 3rd Ave., Suite 1500

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Suarez, Esq.

(Name of Person)

at (954) 882-4119

(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)

Pre-paid through e-filing account with Sunbiz.

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

(((H21000334811 3)))

1. The name of a limited liability company is

Florida One Insurance Partners LLC

2. The Articles of Organization were filed on 08/30/2017 and assigned

document number L17000184934

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

Per 605.0701(2), the Members have unanimously voted to dissolve the Company.

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

5979 NW 151 St, 200

Miami Lakes, FL 33014

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:

/s/ Ramon Gonzalez (electronically signed)
Signature

Ramon Gonzalez
Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Florida One Insurance Partners LLC

Document number of Limited Liability Company is: L17000184934

Date of dissolution was: August 31, 2021

Description of information that must be included in a written claim:

1.) Name of individual or entity making claim; 2.) nature of claim including a statement of facts for the basis of the claim including when and where the cause accrued, the basis for the claim, and the calculable damages;
3.) address, phone number and email where person or entity making a claim can be reached.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Att: Ramon Gonzalez
5979 NW 151 St, 200
Miami Lakes, FL 33014

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ramon Gonzalez

Printed Name of the Person Filing

/s/ Ramon Gonzalez (electronically signed)

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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