

L180000 49844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

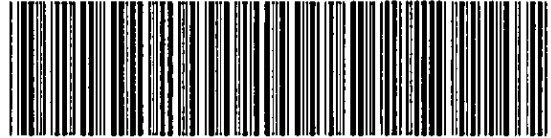
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/26/19--01014--021 \*\*55.00

2019 DEC 26 PM 5:06

R WHITE  
JAN 07 2020

**Bolea Saez Insurance & Reinsurance LLC**  
**2100 NW 82<sup>nd</sup> Avenue, Suite B**  
**Doral, Florida 33122**  
**(305) 517-1106**

December 20, 2019

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

Re: Articles of Dissolution for a Limited Liability Company

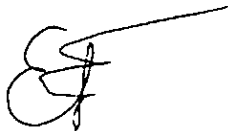
Dear Sir/Madam,

Enclosed please find the Articles of Dissolution for a Limited Liability Company for Bolea Saez Insurance & Reinsurance LLC filed on February 26<sup>th</sup>, 2018, effective March 1<sup>st</sup>, 2018 and assigned Document Number L18000049844 as well as a check for \$55.00 made payable to the Florida Department of State. Please return the Letter of Acknowledgment and Certificate of Dissolution effective December 31<sup>st</sup>, 2019 to:

Eduardo G. Justo  
Boleas Saez Insurance & Reinsurance LLC  
2100 NW 82<sup>nd</sup> Avenue, Suite B  
Doral, Florida 33122  
(305) 517-1106

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'EJ' with a long horizontal stroke extending to the right.

Eduardo G. Justo

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bolea Saez Insurance & Reinsurance 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:

Eduardo G. Justo

\_\_\_\_\_  
(Name of Person)

Bolea Saez Insurance & Reinsurance LLC

\_\_\_\_\_  
(Firm/Company)

2100 NW 82nd Avenue, Suite B

\_\_\_\_\_  
(Address)

Doral, Florida 33122

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo G. Justo

\_\_\_\_\_  
(Name of Person)

305

517-1106

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

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

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

2019-02-26 PM 5:06

1. The name of a limited liability company is

Bolea Saez Insurance & Reinsurance LLC

2. The Articles of Organization were filed on February 26, 2018 and assigned

document number L18000049844

3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 31, 2019

(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).

The resignation of one (1) of the Members of the limited liability company is an event that causes dissolution.

The resignation of one (1) of the Members of the limited liability company is an event that causes dissolution.

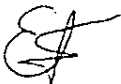
The resignation of one (1) of the Members of the limited liability company is an event that causes dissolution.

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

2100 NW 82nd Avenue, Suite B

Doral, Florida 33122

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

Eduardo G. Justo

Printed Name

**FILING FEE: \$25.00**

## 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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

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

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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.

\_\_\_\_\_  
Printed Name of the Person Filing

\_\_\_\_\_  
Signature of the Person Filing

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