

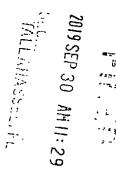
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COVER LETTER

TO:	Registration Section Division of Corporations		
SHRII	ECT: Hawley Insurance & Associates, LLC		
J C D G	Name of Lin	nited Liability Co	mpany
	nclosed Statement of Revocation of Dissolution tted for filing.	ı for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matt	ter to:	·
Kenne	eth R Hawley		
	Contact Person		······································
Hawle	y Insurance & Associates, LLC		
	Firm/Company		-
1249 V	White Oak Circle		
	Address		_
Melbo	ourne, FL 32934		
_	City, State and Zip Code		_
kennyl	hawley@gmail.com		
Ē-	mail address: (to be used for future annual repo	ort notification)	_
For fur	rther information concerning this matter, please		
Kenne	th R Hawley	321	301-3457
	Name of Contact Person	at (321 Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

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.

1.	Hawley Insurance & Associates, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on 25 SEP 2019
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 Sep 19, 2019 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:

HAWLEY INSURANCE & ASSOCIATES, LLC

The document number of the limited liability company: L18000079182

The file date of the articles of organization: March 28, 2018

The effective date of the dissolution if not effective on the date of filing: October 1, 2019

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

ALLSTATE APPROVED RATE INCREASED CAUSED NUMEROUS CUSTOMERS TO CANCEL IN AUGUST. HURRICAN DORIAN MORATORIUM PREVENTED ME FROM SELLING LAST WEEK OF MONTH AUGUST 2019 ALSO, LOST OVER \$15K IN REVENUE. UNABLE TO REMAIN OPEN.

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

KENNETH R HAWLEY 1249 WHITE OAK CIRCLE MELBOURNE, FL 32934

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: KENNETH RAY HAWLEY

Electronic Signature of authorized person