

L180000101920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800331628298

CO. 180000101920

effective date 7/15/19

SEP 10 2019
STATE
OF MASSACHUSETTS
19 JUL -8 PM 12:09

Dissolution

JUL 23 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turbo Insurance 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:

Jose Peralta

(Name of Person)

Turbo Insurance LLC

(Firm/Company)

12215 Pembroke Road Ste 501

(Address)

Pembroke Pines FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Peralta

(Name of Person)

at (954) 873-2315

(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 JUL - 8 PM 12: 09

RECEIVED
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

Turbo Insurance LLC

2. The Articles of Organization were filed on 4/23/2018 and assigned

document number L18000101920

3. The delayed effective date the dissolution if not effective on the date of filing: 7/15/2019
(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).

Turbo insurance was never operational.

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

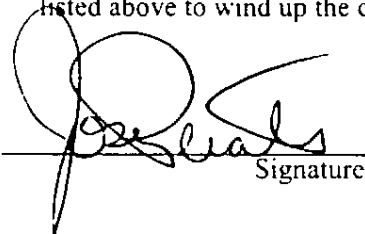
Jose Peralta

12215 Pembroke Road

Pembroke Pines FL 33025

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
19 JUN - 8 PM 12:05

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

Jose Peralta

Printed Name

FILING FEE: \$25.00