

L19000122876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

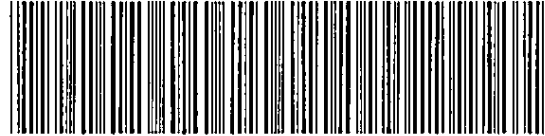
(Business Entity Name)

(Document Number)

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

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2020 JUN 10 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN 10 PM 1:05

Y SUIKEP

JUN 11 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/10/2020

**\*\*WALK IN\*\***

ENTITY NAME: LAWYERS PROFESSIONAL LIABILITY WHOLESALE, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25

ACCOUNT # I20160000072

*W: c JH*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

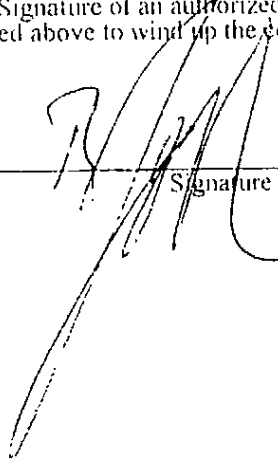
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
LAWYERS PROFESSIONAL LIABILITY WHOLESALE, LLC
2. The Articles of Organization were filed on 5/6/2019 and assigned  
document number L19000122876
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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 company, LAWYERS PROFESSIONAL LIABILITY WHOLESALE, LLC, has closed and will no longer  
be doing business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Rjon Robins, 3109 Grand Avenue, #188, Miami, FL 33143

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

\_\_\_\_\_  
Rjon Robins  
Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304