L21000338872

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basilioss Elikiy Hallie)					
(Document Number)					
(Locument Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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> 2022 FEB 28 PM 3: 10 SECRETARY OF STATE TAILAHASSEE. FL

RECEIVED

2022 FEB 28 PM 1: 31

SECRETARY OF STATE TALLAHASSEE. FL

February 17, 2022

ROSALYN HARRIS 2251 NW 48TH TER APT 104 LAUDERHILL, FL 33313

SUBJECT: HARRIS INSURANCE LLC

Ref. Number: L21000338872

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current document number of the entity is as referenced above. Please correct your document accordingly. Section 605.0712, Florida Statutes, requires a Notice of Limited Liability Company Dissolution contain a description of the information that mustbe included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 422A00003905

COVER LETTER

TO: Registration Section - Division of Corporations							
HARRIS INSURANCE LLC							
SUBJECT: (Name of Limited Liability Company)							
The enclosed Articles of Dissolution and fee(s) are subm	itted for filing.						
Please return all correspondence concerning this matter to	o the following:						
Danahar Hamir							
Rosalyn Flarris							
(Name of Person)							
HARRIS INSURANCE LLC							
(Fi	irm/Company)						
2251 NW 48TH TER APT 104							
(Address)							
LAUDERHILL, FL 33313							
(City/S	tate and Zip Code)						
For further information concerning this matter, please cal	II:						
ROSALYN HARRIS	954 696-9563						
(Name of Person)	(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:	Street Address:						
Registration Section	Registration Section						
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee						
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION 2022 FEB 28 PM 3: 10
A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE. FL

1.	The name of a limited liabile HARRIS INSURANCE LLC	ity company is		
2.	The Articles of Organization	1 were filed on 08/11/2	2021	and assigned
	document number 1.114326	L 21000	338872	
3.	The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective date the document's effective date the document's effective date the delayed effective date the del	his block does not meet	the applicable statutory fi	iling: 1/31/2022 date document is received for filing) ling requirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the lin	nited liability company k cover letter).	's dissolution pursuant to section
	I have been able to work the bu	siness and will not for s	ometime to come. It's bes	t at this time to dissolve for now.
	I have been able to work the but	siness and will not for so	BUSINESS ometime to come. It's best	at this time to dissolve for now.
	MO 10 MC32 C I have been able to work the bus	siness and will not for so	SUSIVESS ometime to come. It's best	at this time to dissolve for now.
5.	If there are no members, ent activities and affairs:	er the name and address	ess of the person appoin	ited to wind up the company's
6. ab		erson or if there are n's activities and affairs	o members, the signatus:	re of the person appointed and liste
<u>S</u>	2 Haccis Signature		Rosalyn Harris	
	Signature		Pri	inted Name

FILING FEE: \$25.00