

h22000054608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

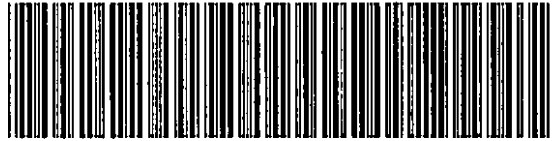
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/22--01020-- 001 **25.00

FILED
2022 DEC -8 PM 4:15
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHIC INSURANCE, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL R. SPRINGMAN (Registered Agent)

(Name of Person)

AMISRQ, LLC

(Firm/Company)

300 FIRST AVENUE SOUTH, 5th FLOOR

(Address)

ST. PETERSBURG, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. SPRINGMAN (Registered Agent)

727

522-7777 x 201

at (

(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:

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

FILED
2022 DEC -8 PM 4:15

CLERK OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

WHIC INSURANCE, LLC

2. The Articles of Organization were filed on FEBRUARY 1, 2022 and assigned

document number L22000054608

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2022

(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).

IT WAS PRESUMED THAT THIS ENTITY (WHIC INSURANCE, LLC) WAS REQUIRED TO BE FORMED

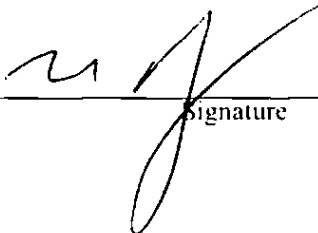
IN ORDER TO CONDUCT BUSINESS WITH A LICENSED INSURANCE COMPANY IN THE STATE OF

FLORIDA. THIS PROVISION HAS SINCE BEEN DEEMED UNNECESSARY BY THE

AFOREMENTIONED INSURANCE COMPANY, THUS THIS ENTITY IS NO LONGER PRACTICABLE.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: MICHAEL R. SPRINGMAN, (Registered Agent)

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

MICHAEL R. SPRINGMAN (Registered Agent)

Printed Name

FILING FEE: \$25.00