

L22000153806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

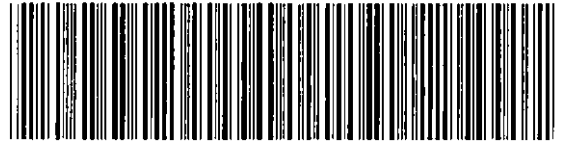
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2024-09-03 10:12

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURPLE SOLUTIONSINSURANCE GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Darrin Carlomagno

\_\_\_\_\_  
Contact Person

PURPLE SOLUTIONSINSURANCE GROUP LLC

\_\_\_\_\_  
Firm/Company

1640 NW 2nd Ave

\_\_\_\_\_  
Address

Boca Raton FL 33432

\_\_\_\_\_  
City, State and Zip Code

dcarlomagno@purplesolutionsgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrin Carlomagno

at ( 561 ) 360-9556

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

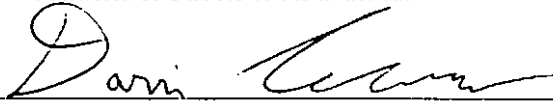
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

- PURPLE SOLUTIONSINSURANCE GROUP LLC
1. The name of the company is: \_\_\_\_\_
- L22000153806
2. The document number of the company is \_\_\_\_\_
- August 22, 2024
3. The effective date the Dissolution was filed is \_\_\_\_\_
- August 23 2024
4. The revocation of dissolution was authorized on \_\_\_\_\_
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  
Aug 22, 2024  
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:

PURPLE SOLUTIONS INSURANCE GROUP LLC

The document number of the limited liability company: L22000153806

The file date of the articles of organization: March 30, 2022

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

COMPANY FOLDED AND INSOLVENT

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

DARRIN CARLOMAGNO  
6410 OLD MEDINAH CIR  
LAKE WORTH, FL 33463 UN

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: DARRIN CARLOMAGNO

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Electronic Signature of authorized person