

P170000017270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

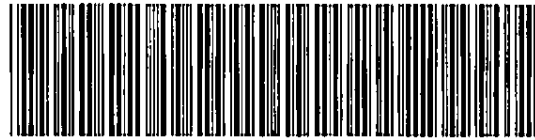
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 15 AM 9:15

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Dissolution

SEP 1 2022

CLERK

"Michael Ross" LoBiondo, P.A.

Public Insurance Adjuster

FL Lic. # A157088

We represent the Insured, not the Insurance Company

13762 West S.R. 84 – Suite 262, Ft. Lauderdale, FL 33325

Tel: 954-830-7766 Fax: 954-472-5601

MRL4@bellsouth.net

www.MRL-PA.com

July 11, 2022

Fictitious Name Registration

PO Box 6327

Tallahassee, FL 32314-1300

Dear Department of State:

We are enclosing two filings, which need to be done simultaneously.

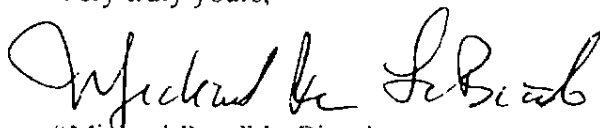
- 1) We are dissolving our corporation BrainTrust Public Adjusters, Inc. (which has had no activity), and
- 2) We are registering "BrainTrust Public Adjusters" as a fictitious name under our active corporation, Michael Ross LoBiondo, PA.

Enclosed are:

- 1) Cover Letter and Articles of Dissolution for BrainTrust Public Adjusters, Inc., along with \$35 filing fee, and
- 2) Application for Registration of Fictitious Name for BrainTrust Public Adjusters, along with \$50 filing fee.

Please process. Any questions, please email michael@mrl-pa.com. Thank you.

Very truly yours,



"Michael Ross" LoBiondo,
President

MRL:rl

Encs.

Priority Mail

2022 JUL 15 AM 9:15

2022 JUL 15 AM 9:15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BrainTrust Public Adjusters, Inc.

DOCUMENT NUMBER: P17000017270

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Ross LeBiondo
(Name of Contact Person)

"Michael Ross" LeBiondo, P.A.
(Firm/Company)

13762 W. State Rd. 84, Suite 262
(Address)

Ft. Lauderdale, FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Ross LeBiondo at (954) 830-7766
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
BrainTrust Public Adjusters, Inc.
- SECOND: The document number of the corporation (if known): P17000017270
- THIRD: The file date of the articles of incorporation: 2-21-2017
(NAME change filed 10-7-2019)
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michael Ross LoBiondo

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED
2022 JUL 15 AM 9:15
CLERK OF COURT
JUL 15 2022