



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/07/2026	202621901430	OHIO LLC - CERTIFICATE OF DISSOLUTION (LDS)	50.00				0

Receipt

This is not a bill. Please do not remit payment.

**CORPORATION SERVICE COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE, 19808**

STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose
1049625**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AVOMARK INSURANCE AGENCY, LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - CERTIFICATE OF DISSOLUTION

Effective Date: 08/07/2026

Document No(s):

202621901430



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 7th day of August, A.D. 2026.

Ohio Secretary of State

Form 616 Prescribed by:

Date Electronically Filed: 8/7/2026



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Certificate of Dissolution
For a Domestic Limited Liability Company
Filing Fee: \$50
Form Must Be Typed
140-LDS

AVOMARK INSURANCE AGENCY, LLC

Name of Limited Liability Company

1049625

Registration Number

The limited liability company listed above has dissolved.

Optional:

Effective Date (MM/DD/YYYY) 8/7/2026

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of dissolution delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of dissolution is effective as provided in Ohio Revised Code Section 1706.172(D).

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

COLLEEN K. LYNCH

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name