

568346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

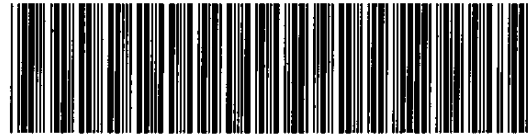
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 02 2006

*Dist*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution of ICA Insurance Services Inc.

**DOCUMENT NUMBER:** 568346

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

Please return all correspondence concerning this matter to the following:

Jessica Moreira

(Name of Contact Person)

ICA Insurance services Inc.

(Firm/Company)

P.O. Box 1988

(Address)

Lady Lake, FL 32158-1988

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Moreira at ( 352 ) 205-1922

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2006

JESSICA MOREIRO  
P.O. BOX 1988  
LADY LAKE, FL 32158

SUBJECT: ICA INSURANCE SERVICES, INC.  
Ref. Number: S68346

We have received your document for ICA INSURANCE SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in to dissolve a corporation is not correct. I am sending you Articles of Dissolution to fill out and send back to me. Also please type the information on the form or have someone write neatly. I was unable to read the information of the form.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 306A00027382

RECEIVED  
06 JUN -1 AM 8:00  
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, 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:

ICA Insurance Services, Inc.

SECOND: The document number of the corporation (if known): 568346

THIRD: The date dissolution was authorized: 12-31-05

Effective date of dissolution if applicable: 12-31-05  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

N/A  
(voting group)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signature: \_\_\_\_\_

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

Jessica Moreira

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35