

P96000012988

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : DILL & EVANS, P.L.  
Account Number : I20090000004  
Phone : (772) 589-1212  
Fax Number : (772) 589-5212

**DISSOLUTION OR WITHDRAWAL  
ACACIA INSURANCE INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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FLORIDA DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

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### ARTICLES OF DISSOLUTION

Pursuant to Section 607.1403, Florida Statutes, the undersigned Corporation submits the following Articles of Dissolution:

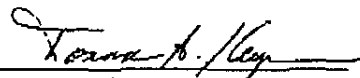
- A. The name of the Corporation is Acacia Insurance, Inc.
- B. The document number of the corporation is P96000012988.
- C. The filing date of the Articles of Incorporation was February 8, 1996.
- D. The Corporation has no debts or assets.
- E. The date of the meeting of shareholders at which the resolution to dissolve was adopted was February 23, 2015.
- F. Dissolution was approved by the shareholders. Upon vote by the shareholders, the number of votes cast for dissolution was sufficient for approval.
- G. The effective date of these Articles of Dissolution shall be upon the date of filing with the Department of State.

IN WITNESS WHEREOF, the undersigned executed these Articles of Dissolution on the 23<sup>rd</sup> day of February, 2015.

ACACIA INSURANCE, INC.

[SEAL]

By:

  
Donna A. Keys,  
its President and Sole Shareholder

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**NOTICE OF CORPORATE DISSOLUTION**

Pursuant to Section 607.1407, Florida Statutes, this notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation:

- A. The name of the Corporation is Acacia Insurance, Inc.
- B. The effective date of corporate dissolution shall be upon the date of filing with the Department of State.
- C. The following information must be included in a claim against the corporation:
  - a.) name and address of claimant;
  - b.) nature of claim;
  - c.) date, time, and place claim arose;
  - d.) how the claim arose;
  - e.) name(s) and address(es) of all person(s) involved in the claim;
  - f.) alleged injuries and/or damages sustained by claimant;
  - g.) name(s) of all witnesses that can testify as to how the claim arose.

Mailing address where claim can be sent:

Ms. Donna A. Keys  
725 Layport Drive  
Sebastian, FL 32958

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

IN WITNESS WHEREOF, the undersigned executed this Notice of Corporate Dissolution on the 23<sup>rd</sup> day of February, 2015.

ACACIA INSURANCE, INC.

[SEAL]

By: Donna A. Keys  
Donna A. Keys  
its President and Sole Shareholder

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