

126191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

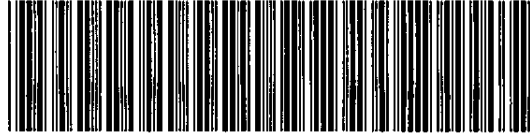
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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14 DEC 15 PM 3:17

RECEIVED  
CLERK OF SUPERIOR COURT  
JANUARY 14 2015

DEC 16 2014

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DeSoto Insurance Agency, Inc.

**DOCUMENT NUMBER:** 126191

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

Please return all correspondence concerning this matter to the following:

Jamie Atherton

(Name of Contact Person)

Eugene E. Waldron, Jr., P.A.

(Firm/Company)

124 North Brevard Avenue

(Address)

Arcadia, Florida 34266

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Atherton

(Name of Contact Person)

at ( 863 )

494-4323

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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:

DeSoto Insurance Agency, Inc.

SECOND: The document number of the corporation (if known): 126191

THIRD: The date dissolution was authorized: \_\_\_\_\_

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 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

\_\_\_\_\_  
(voting group)

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)

Lewis Ambler, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
14 DEC 15 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: DeSoto Insurance Agency, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The person or entity who is entitled to assert the claim. The name of the individual  
who is authorized to assert the claim. The mailing address and telephone number  
of the authorized individual. The legal basis for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

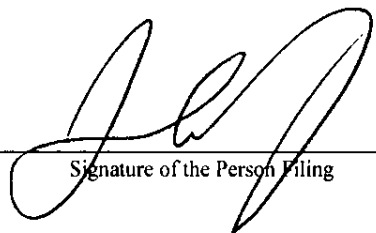
Post Office Box 880

Arcadia, FL 34265

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

Lewis Ambler, Jr.

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**

UNANIMOUS CONSENT OF THE  
DIRECTORS AND SHAREHOLDERS OF

**DESOTO INSURANCE AGENCY, INC.,  
A FLORIDA CORPORATION**

The undersigned persons, being all of the Directors and Shareholders of the above-named corporation (herein called the "Corporation") unanimously agree, adopt, consent to, and order the following corporate actions under F.S. 617.1402:

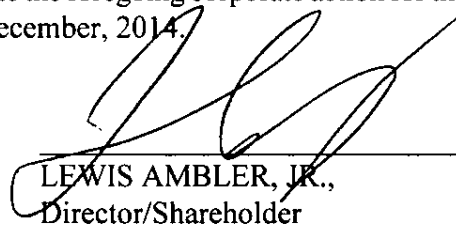
1. The undersigned waive all formal requirements, including the necessity of holding a formal or informal meeting and any requirement that notice of such meeting be given.
2. The undersigned adopt the following corporate action:

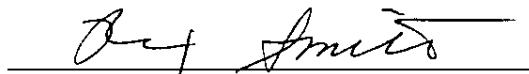
WHEREAS, the Directors and Shareholders desire to voluntarily dissolve the Corporation;

NOW, THEREFORE:

BE IT RESOLVED, that the President is authorized and directed to sign the Articles of Dissolution and submit the same to the Florida Department of State, Division of Corporations.

IN WITNESS WHEREOF, the undersigned, as all of the Directors and Shareholders of **DESOTO INSURANCE AGENCY, INC.** execute the foregoing corporate action for the purpose of giving their consent to it as of this \_\_\_\_ day of December, 2014.

  
\_\_\_\_\_  
LEWIS AMBLER, JR.,  
Director/Shareholder

  
\_\_\_\_\_  
DONALD R. SMITH,  
Director/Shareholder