

**FILED**  
**Sep 10, 2014**  
**Secretary of State**

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
LEHNHARD-BURGESS CORPORATION

SECOND: The document number of the corporation: 155526

THIRD: The file date of the articles of incorporation: July 21, 1948

**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 have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GENE PAUL PRESIDENT

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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## **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.

Name of Corporation:

LEHNHARD-BURGESS CORPORATION

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THE CORPORATION IS NO LONGER ACTIVE IN ADJUSTING INSURANCE CLAIMS. THERE HAVE BEEN NO NEW ASSIGNMENTS RECEIVED SINCE 2011. ALL WORK HAS BEEN COMPLETED AND WE ARE UNAWARE OF ANY EXPOSURES FACED BY OUR CLIENTS.

Mailing address where claims can be sent:

3807 ISLAMORADA DRIVE  
ORMOND BEACH, FL 32176 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GENE PAUL

Electronic Signature of the Person Filing