## 559403

(Requestor's Name)	_
(Address)	_
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(Address)	
(City/State/Zip/Phone #)	_
<u> </u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dusiness Littly Name)	
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(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	ŀ





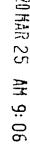
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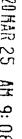
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12: 52

Letter Number: 020A00005013

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2020

MARGARET KUNKEL 205 MIDLAND DRIVE ASHEVILLE, NC 28804

SUBJECT: KUNKEL INSURANCE AGENCY, INC.

Ref. Number: 559403

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$10.00 still due.

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) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: Kunkel Insurance Agency, Inc.
DOCUMENT NUMBER: 559403
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Margaret Fay Kunkel (Name of Contact Person)
. (Name of Contact i Cison)
(Firm/Company)
205 Midland DRive (Address)
A Sheville, NC 28804 (City/State and Zip Code)
For further information concerning this matter, please call:
Margaret Kunke   at (828 - 421 - 4135  (Name of Contact Person) (Area Code) (Daytime Telephone Number
Enclosed is a check for the following amount:
\$10.00 \$1535 Filing Fee \$\sum S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## 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:		
	Kunkel Insurance Agency, Inc.	•		
SECOND:	The document number of the corporation (if known): 559403			
ГНIRD:	The date dissolution was authorized: February 3, 202	D		
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution	_		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirem not be listed as the document's effective date on the Department of State's records.		ite wil	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	chapter a	nd	
		2020 HAR 25 AH		
	Signature: Magas I Jay Lembel  (By a director, president or other officer of 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)	1 9: 06	المامة الأمامة 	
	Margaret Fay Kunkel (Typed or printed name of person rigning)		<del></del>	
	Vice President (Title of person signing)			

Filing Fee: \$35