

624871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

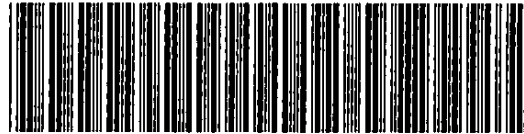
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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8/10/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Bankers Sales Corporation, Inc.

DOCUMENT NUMBER: 624871

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

Please return all correspondence concerning this matter to the following:

Jeannie Aragon-Cruz
(Name of Contact Person)

Assurant Solutions
(Firm/Company)

11222 Quail Roost Drive
(Address)

Miami, FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeannie Aragon-Cruz at (305) 2532244 x 33003
(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

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:
American Bankers Sales Corporation, Inc.

SECOND: The document number of the corporation (if known): 624871

THIRD: The date dissolution was authorized: July 20, 2007

Effective date of dissolution if applicable: August 31st, 2007
(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. (Sole shareholder - only one class of shares - common)
- ☐ 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

(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, that fiduciary)

Jeannie Aragon-Cruz

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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TALLAHASSEE FLORIDA

Filing Fee: \$35

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 section 607.1407, Florida Statutes.

Name of Corporation: **AMERICAN BANKERS SALES CORPORATION**

Date of Dissolution: August 31st, 2007

Description of information that must be included in a claim:

1. Exact Name of Claimant and contact information
2. Dollar Amount
3. Copy of supporting claim form, billing statement or other relevant documentation
4. Date(s) of claim or underlying transaction

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

Attention: Corporate Secretary
c/o American Bankers Insurance Group
11222 Quail Roost Drive
Miami, FL 33157

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

By:



Signature

Name: Jeannie Aragon-Cruz

Title: Secretary