627185

(Requestor's Name)
(Address)
(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



500197658465

03/15/11--01004--004 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Corporate Dissolution for Waco Insurance, Inc.
DOCUMENT NUMBER: 627185
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Avedisian (Name of Contact Person)
Walker Ford Company Inc. (Firm/Company)
(Firm/Company) 17556 U.S. Hwy 19 N. (Address)
Clearwater F1 33764 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Mary Avedisian at (727) 535-3673 ext. 213 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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:
	Maco Insurance Inc.
SECOND:	The document number of the corporation (if known): 627185
THIRD:	The date dissolution was authorized: 3/10/11
	Effective date of dissolution <u>if applicable</u> : (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) FFI OF STATE 19
	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)
	Frank A. Walker Trustee (Typed or printed name of person signing)
	Trustee - President

Filing Fee: \$35