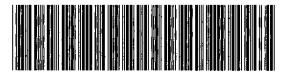
66764/

· (Re	equestor's Name)		
· (Ac	ldress)	· · · · · · · · · · · · · · · · · · ·	
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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516 D.S.S

EFFECTIVE DATE

COVER LETTER

TO: Amendment Section •	
Division of Corporations	
SUBJECT: DISSOLUTUR	*
·	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Edward M- SAKSal (Name of Contact	and the second s
(Name of Contact	Person)
Ed SAKSON INSULANCE AGE	ng Inc.
Ed SAKSON INSULARE AGE	
Palm Brach GARDONS Fl. (City/State and Zi	DR.ve.
(Address)	
Palm BEACH GRESONS Fl.	33418
(City/State and Zi	p Code)
For further information concerning this matter, plea	se call:
Fd SAKsov at	(561) 666.207 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certif	75 Filing Fee & \$\sum \\$52.50 Filing Fee, Tied Copy 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

ř

FFECTIVE DATE

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:				
	Ed Sakson Insurance Agency Inc.				
SECOND:	: The document number of the corporation (if known): 667641				
THIRD:	The date dissolution was authorized: 12/15/2008				
	Effective date of dissolution <u>if applicable</u> : 12/31/2008 (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				
	TAL SE				
	(voting group) ALCOR DEC 22 PH 12: 23 Signature: Solution of the officer of the solution of				
	(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)				
	(Typed or printed name of person signing)				
	PResident				
	(Title of person signing)				

Filing Fee: \$35

K