

677045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

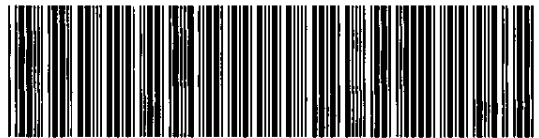
(Document Number)

Certified Copies _____

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EXPIRE DATE
8-31-10

07/02/10--01011--030 **52.50

FILED

10 JUL 15 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED JUL 15 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2010

GARY HURLBUT
101 LONG LEAF LANE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: GARY HURLBUT INSURANCE AGENCY, INC.
Ref. Number: 677045

We have received your document for GARY HURLBUT INSURANCE AGENCY, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00016408

RECEIVED
2010 JUL 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARY HURLBUT INSURANCE AGENCY INC.

DOCUMENT NUMBER: 677045

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

Please return all correspondence concerning this matter to the following:

GARY HURLBUT

(Name of Contact Person)

(Firm/Company)

101 LONG LEAF LANE

(Address)

ALTAMONTE SPRINGS, FLA. 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY HURLBUT

(Name of Contact Person)

at (407) 341 9425

(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

FILED
8-31-10

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:

GARY HURLBUT INSURANCE AGENCY INC.

SECOND: The document number of the corporation (if known): 677045

THIRD: The date dissolution was authorized: 7-1-2010

Effective date of dissolution if applicable: 08-31-2010
(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)

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)

GARY HURLBUT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
10 JUL 15 AM 11:55
SECRETARY OF STATE
ALABAMA
FLORIDA

Filing Fee: \$35