

H79171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

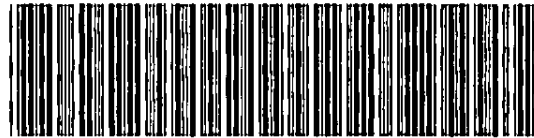
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300382091413

dissolution

03/04/22--01014--015 **35.00

FILED

2022 MAR 21 AM 9:25

CLERK OF STATE
MAIL ROOM

A. RAMSEY

MAR 22 2022

A. RAMSEY
MAR 22 2022

400789, 04522, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 21 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FL

March 14, 2022

JOHN F. LANAHAH JR
LANAHAN INS INC
2155 RIVER ROAD
JACKSONVILLE, FL 32207 US

SUBJECT: LANAHAH INSURANCE, INC.
Ref. Number: H79171

We have received your document for LANAHAH INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 822A00005982

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANAHAN INSURANCE INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JOHN LANAHAN JR

(Name of Contact Person)

LANAHAN INSURANCE INC.

(Firm/Company)

2155 RIVER Rd

(Address)

JACKSONVILLE FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN LANAHAN

(Name of Contact Person)

at (904 631-3758

(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)

PAID

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

LANAHAN INSURANCE, INC.

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

THIRD: The date dissolution was authorized: 3-2-22

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

JOHN LANAHAN JR.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35