

J86944

ANTHONY DENEGRI
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FT. MYERS BEACH, FL 33831

City/State/Zip

Phone #

700003024237--7
-10/25/99--01121--008
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 AM 10:51

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

11-4-99

Dissolution

Examiner's Initials

LFJ

ARTICLES OF DISSOLUTION

99 OCT 25 AM 10:51

Pursuant to section 607.1403, Florida Statutes, the undersigned corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: CARRIER ASSOCIATES
INSURANCE, INC.

SECOND: The date dissolution was authorized: 9-21-1999

THIRD: 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 vote 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

1 (voting group).

Signed this 1-1-99 day of NO BUSINESS HAS BEEN WRITTEN SINCE, 19 99.

CARRIER ASSO.
(Corporation Name)

1-1-99
CORP WAS
NEVER
USED.

By Jamie DeNegri
(Chairman or Vice Chairman of the Board, President, or other officer)

JAMIE DENEGRI
(Typed or printed name)

Pres.
(Title)