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SECRETARY OF STATE
TAIL AHASSEE, FLORID

C. Couiliette JUL 2 5 2007

APPROVED AND

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
GARY E. Cook (Name of Contact F	
GARY E. COOK INSURAN	ca Scrvices, NC
(Firm/Compa	
845 GREISWHILL RO. (Address)	
Mount Airry NC 2 (City/State and Zi	7 4 30 - 9 2 40
(City/State and Zi	p Code ³
For further information concerning this matter, pleas	e call:
(Name of Contact Person) at (33/6) 789-6399 (Are:: Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	5 Filing Fee & \$\Bigsquare{1}\\$52.50 Filing Fee, led Cop Certificate of Status & conal copy is Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 Horida Department of State:
	GARY E. Cook WSURANCE SERVICES, M
SECOND:	The document number of the corporation (if known): \\ \R\ 2993
THIRD:	The date dissolution was authorized: 12/31/0 4
	Effective date of dissolution if applicable: (2/21/01) (not or, than 90 days after dissolution file date)
FOURTH:	
	Dissolution was approved by the shareholde The number of votes cast for diss was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided in 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 & sup)
	Signature: (i.s. a director, president or other office and director) office shave not been selected, by an incorporator if in the hands of a recover, trustee, wo their annihilationary by that fiduciary.
	GARY E, Conh
	(Typed or printed name colors on similar)
	(Pide of parson a minut)
	(Little of person's many)

for dissolution

. Filing Fee: 135