

9/4/2015 12:50:04 PM From: To: 506176380 1/3
Division of Corporations

Page 1 of 1

L22869

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL
PROFESSIONAL UNDERWRITERS AGENCY, INC.**

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DEPT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL UNDERWRITERS AGENCY, INC.

DOCUMENT NUMBER: L22869

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

Please return all correspondence concerning this matter to the following:

ARLEEN SIMONS

(Name of Contact Person)

THE HANOVER INSURANCE GROUP

(Firm/Company)

440 LINCOLN STREET, N435

(Address)

WORCESTER, MA 01653

(City/State and Zip Code)

For further information concerning this matter, please call:

ARLEEN SIMONS

(Name of Contact Person)

at (508.855.3428

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
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| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
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|--|--|---|---|

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

10-1-15

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ARTICLES OF DISSOLUTION

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

the following articles STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PROFESSIONAL UNDERWRITERS AGENCY, INC.

SECOND: The document number of the corporation (if known): L22869

THIRD: The date dissolution was authorized: **AUGUST 25, 2015**

Effective date of dissolution if applicable: OCTOBER 1, 2015

(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: 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)

CHARLES F. CRONIN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)