L97804

Requestor's Name

DADE SOUTH INSURANCE & ACCOUNTING INC.

925 NORTH KROME AVENUE P.O. BOX 900574 HOMESTEAD, FLORIDA 33090-0574

Office Use Only

Examiner's Initials

_				TS 98
1	(Corporation Name)	(Docume	ent #)	TEB TEB
2	(Corporation Name)	(Docum	ent#)	ASSE T
3	(Corporation Name)	(Docum	nent#)	PH 1: 48
4	(Corporation Name)	(Docum	nent#)	<u> </u>
Walk in	Pick up time		Certified (Сору
Mail out	☐ Will wait	Photocopy	Certificate	e of Status
NEW FILINGS	AMENDME	YTS ZTV		
Profit	Amendment		400	1-17/04/9801050025
NonProfit		Resignation of R.A., Officer/ Director		*****35.00 *****35.U
Limited Liability	change of Regist	change of Registered Agent		
Domestication	Dissolution/With	Dissolution/Withdrawal		
Other	Merger			
OTHER FILIN	GS REGISTR		-	
Annual Report	QUALIFIC	CATION		
Fictitious Name	Foreign			-
Name Reservation	Limited Partners	hip		
	Reinstatement			
	Trademark			

Other

CR2E031(1/95)

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation is: THE UNINSURED 205
	LEASING CORP.
SECOND:	The date dissolution was authorized: 12-31-97
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	olution was approved by vote of the shareholders through voting groups.
е	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by
 -	(voting group)
Signature	ed this 31 day of JANUARY , 19 98 (By the Chairman or Vice Chairman of the Board, President, or other officer)
	Suscinne Manning (Typed or printed name)
	President (Title)