M43378

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100143452181

02/17/09--01023--002 **35.00

SECRETARY OF SIATION OF CORPORATION 3: 1

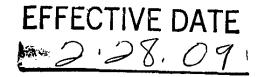
EFFECTIVE DATE

AND 155 10 2/18/09

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: ROESONS INSURANCE	CE SERVICES INC.	
	No. 4 Company	
DOCUMENT NUMBER: M4337	⁷ 8.	
The enclosed Articles of Dissolution	and fee are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
Martha	Patrick	
(Na	me of Contact Person)	
ROESONS ENT	ERPRISES INC.	
	(Firm/Company)	
15280 NW 79 COURT,	SUITE 102	
	(Address)	
MIAMI LAKES FL 33016		
(C	ity/State and Zip Code)	
For further information concerning this matter, please call:		
Martha Patrick	at (305) 821-6131	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following	g amount:	
Certificate of St	(Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
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	



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:
	ROESONS INSURANCE SERVICES, INC.
SECOND:	The document number of the corporation (if known): 59-2800733
THIRD:	The date dissolution was authorized: 12/31/2008
	Effective date of dissolution if applicable: 02/28/2009 (no more than 90 days after dissolution file date)
OURTH:	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
	100%
	(voting group)
Si _į	Signature: Signature:
	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) Brian D. Roe
	Brian D. Roe
	(Typed or printed name of person signing)
	President
	(Title of person pigning)

Filing Fee: \$35