

N10000008630

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12/27/2024

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

DISSOLUTION OR WITHDRAWAL

LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF BROWARD COUNTY INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

FILED
Dec 27, 2024 08:00 AM
Secretary of State

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Fax confirmation from original submission attached for reference.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF BROWARD COUNTY INC.

DOCUMENT NUMBER: N10000008630

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Capitol Services – Corporate Filings Team

(Firm/Company)

515 East Park Avenue 2nd Fl

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

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For further information concerning this matter, please call:

(Name of Contact Person)

at (855) 498 - 5500
(Area Code) (Daytime Teleph

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF BROWARD COUNTY INC.

SECOND: The document number of the corporation (if known): N10000008630

THIRD: Adoption of Dissolution

(COMPLETE SECTION I OR II)

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SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of meeting of members at which the resolution to dissolve was adopted

December 20, 2024 The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: December 31, 2024

(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.

Signature: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Keri Rayborn Silver

(Typed or printed name of person signing)

Organizer

(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF BROWARD COUNTY INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

- Who is filing the claim.
- The amount of the claim.
- The reason the claim is being filed.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation

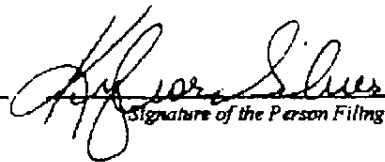
3710 Swallowtail Trace

Tallahassee, FL 32309

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Keri Rayborn Silver

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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