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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 5	52-5973
,	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1. GUSTAVO A (Corporation Name)	CISNERDS INSURANCE AGENCY INC
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	2.00 ☐ Certified Copy ☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissolut	section 607.1403, Florida Statutes, this Florida profit corporation subants the following articles on: SECRETARY OF STATE TALLAHASSEE.FLORID!
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	GUSTAVO A CISNEROS INSURANCE AGENCY INC.
SECOND:	The document number of the corporation (if known): P0000004232
THIRD:	The date dissolution was authorized: NOVEMBER 1, 2011
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
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)
٠.	Signature: Surtamo A. Cumine
	(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)
	GUSTAVO A CISNEROS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35