## 2000001103/

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

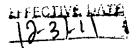
**Division of Corporations** SUBJECT: Articles of Dissolution DOCUMENT NUMBER: P00000011031 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frederick J. Staly (Name of Contact Person) (Firm/Company) 135 Heron Dr. (Address) Palm Coast, FL 32137 (City/State and Zip Code) For further information concerning this matter, please call: at (\_407\_\_) 399-7525 (Area Code & Daytime Telephone Number) Frederick Staly (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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:		
	Colman-Staly Agency, Inc.		
SECOND:	The document number of the corporation (if known): P0000011031		
THIRD:	The date dissolution was authorized: 12/23/2011		
	Effective date of dissolution <u>if applicable:</u> 12/31/2011  (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)		
	Signature:  (By director, president or other officer - It directors or other have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Frederick J. Staly		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

## **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. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Colman-Staly Agency, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Detailed information of alleged claim including date and time claim is alleged to
have occurred. Monetary amount of claim. Names and addresses of parties involved
All other information that may be pertanent to the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Frederick J. Staly
4873 Palm Coast Pkwy NW, Suite 1
Palm Coast, FL 32137
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.
Frederick J. Staly
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