P00000032435

(Requestor's Name) (Address)	800188543668
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/13/1001025001 **52
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2010 DEC 13 PH 12: 09 SEGRÉTARY OF STATE TALLAHASSEE, FLORIDA EFFECTIVE DATE FECTIVE

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**52.50

DEC 15 2010

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P00000032435
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MI CHAEL M. STEVN (Name of Contact Person)
(Name of Contact Person)
MI CHAEL M. STERN INSURANCE AGOVCY INC. (Firm/Company)
(Firm/Company)
7125 NW 107 AVE (Address)
·
TAMARAC FL 33321 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL M. STEW at (914) 7.20-7679 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \\$43.75 Filing Fee & \$\times \\$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, Certificate of Status & Certified Copy (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:							
	MICHAEL M. STOWN INSURANCE AGONLY, INC.							
SECOND:	MICHAEL M. STORN INSURANCE AGENCY, INC., The document number of the corporation (if known): P000 00032435							
THIRD:	The date dissolution was authorized: 12/08/2010							
	Effective date of dissolution if applicable: 01/01/2011 (no more than 90 days after dissolution file date)							
FOURTH:								
	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 EFFECTIVE DATE 1-1-2011							
	(voting group)							
	Signature: Muchael M. hesident (By a director, president or other officer - if directors or officers have not been selected, man incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by The selected of that fiduciary) MICHAEL M. STERW (Typed or printed name of person signing)							
	PASIDENT							
	(Title of person signing)							

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by against this corporation as				ow for resoluti	ion of pa	ayment of u	nknown claims
This "Notice of Corporate	<i>e Dissolution</i> " is	optional	and is not rec	quired when fi	iling a v	oluntary dis	ssolution.
Name of Corporation:	MICHAEL	Μ,	अस्त	INSURA	Λε- ,	4 GWLY	IN.
Date of dissolution will be specified in the Articles of		solution i	s filed with th	ne Departmen	t of Stat	e or as	
Description of informatio	n that must be in	cluded in	a claim:				
DOCUMENTATION ITEMIZED	10 TO SUA	stanti	ATE CL	AIM INCL	-udin	- DATE	of CLAIM,
ITEM (20)	BILL AND	CONTA	CT INF	ORMATION.			
			. .		-		
							
							
Mailing address where cla	aims can be sent:	(Claims	cannot be ser	it to the Divisi	ion of C	orporations)
	7125	NW	107 A	IVE			-
	TAMARA	٠ ـــ	FL 333	+VE , 21			-
						***************************************	-
							-
A claim against the above within 4 years after the fil			e barred unle	ss a proceedir	ng to ent	Force the cla	im is commenced
MICHAEL-M.	STERN			Un	elver	e ti	_

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

Printed Name of the Person Filing

Signature of the Person Filing