

****please honor original submission date of 12/29/2020****

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 : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

**DISSOLUTION OR WITHDRAWAL
CLAIMS ADMINISTRATORS, INC.**

****plesae give original
submission date of
12/29/2020**

Certificate of Status	0
Certified Copy	1
Page Count	6
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January 4, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLAIMS ADMINISTRATORS, INC.
6303 BLUE LAGOON DRIVE
SUITE 225
MIAMI, FL 33126

SUBJECT: CLAIMS ADMINISTRATORS, INC.
REF: P00000049749

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard our previous letter. In order to obtain the original file date requested, please provide evidence showing the document was submitted on the requested date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000443157
Letter Number: 221A00000052

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLAIMS ADMINISTRATORS, INC.

DOCUMENT NUMBER: P00000049749

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

Please return all correspondence concerning this matter to the following:

Matthew P. Brooks, General Counsel

(Name of Contact Person)

Phoenix American Companies

(Firm/Company)

6303 Blue Lagoon Drive, Suite 225

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott R. Jablonski, Esq.

at (954) 712-5123

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

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

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:
CLAIMS ADMINISTRATORS, INC.

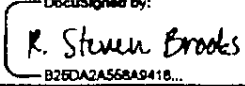
SECOND: The document number of the corporation (if known): P00000049749

THIRD: The date dissolution was authorized: DECEMBER ____, 2020 28-Dec-2020 | 9:30:56 AM PST

Effective date of dissolution if applicable: _____
(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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: 
B26DA2A568A9418...
(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)

R. STEVEN BROOKS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

2020 DEC 29 AM 10:10
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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA