

P00000069229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOIDIS

OR
8/27

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF COMPANY

DOCUMENT NUMBER: P00000069229

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

Please return all correspondence concerning this matter to the following:

Raul Rafael de la Vega

(Name of Contact Person)

SOUTHERN INDEPENDENT INSURANCE ADJUSTERS INC

(Firm/Company)

8591 NW 186 STREET #113

(Address)

HIALEAH FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Rafael de la Vega

(Name of Contact Person)

at (305) 403-2327

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Southern Independent Insurance
Adjusters Inc.
8591 NW 186 Street #113
Miami, FL 33015

(305)403-2327 FAX (305)823-5820

August 15, 2007

Amendment Section
Division of corporations
PO Box 6327
Tallahassee FL 32314

Dear Personnel:

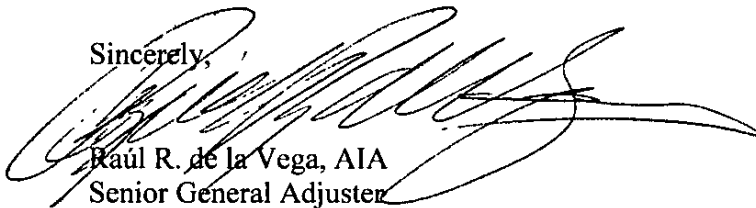
Please find the evidence from the forms sent to you and received on August 3rd, 2007.

A check by me on the computer records of this day, shows the corporation with document #P00000069229, still has not been processed and shows (ACT). Please finalize the necessary steps to process the dissolution, as requested.

Should you have any questions, please let me know.

Thank you very much for your time and cooperati

Sincerely,



Raúl R. de la Vega, AIA
Senior General Adjuster

RECEIVED
07 AUG 20 AM 8:00
DIVISION OF CORPORATIONS

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:
SOUTHERN INDEPENDENT INSURANCE ADJUSTERS INC

SECOND: The document number of the corporation (if known): **P00000069229**

THIRD: The date dissolution was authorized: **08/01/2007**
Effective date of dissolution if applicable: **08/01/2007**
(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 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)

Raúl Rafael de la Vega

(Typed or printed name of person signing)

VICE PRESIDENT TREASURER

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA