P00000085622

,		
(Requ	estor's Name)	
(Addre	ess)	* ·* · · · · · · · · · · · · · · · · ·
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
		٠.
PICK-UP	WAIT	MAIL
(Busir	ness Entity Na	me)
	•	
(Docu	ment Number)	
·	,	
Certified Copies	Certificate	s of Status
		····
Special Instructions to Fili	ing Officer:	

Office Use Only



100163019121

11/23/09--01047--003 **43.75

SECRETARY OF STA

APPROVED AND FILED

2/19/0

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DISOlution of Corporation			
DOCUMENT NUMBER: P0000085622			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Aleen Crespo			
(Name of Contact Person)			
(Firm/Company)			
13501 SW 136 St #206			
(Address) Wight A 33184 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Aleen Creson at (205) 746-8802 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$\text{\$\subseteq}\$\$\$43.75 Filing Fee & \$\text{\$\subseteq}\$\$\$43.75 Filing Fee & \$\text{\$\subseteq}\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)			
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

The name of the corporation as currently filed with the Florida Department of S	State:	
Tamiami Insurance Agency, Inc.		
The document number of the corporation (if known): 1000056	22	
The date dissolution was authorized:		
Effective date of dissolution if applicable: (no more than 90 days after dissolution file)	le date)	
Adoption of Dissolution (CHECK ONE)		
Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolution	
Dissolution was approved by the shareholders through voting groups.		
The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled	
The number of votes cast for dissolution was sufficient for approval by		
(voting group)		
Signature: (By a director, president or other officer - if effectors 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) (Typed or printed name of person signing) (Title of person signing)	09 NOV 23 PM 3: 52 SEURETARY OF STATE TALLAHASSEE, FLORIDA	FILED
	The document number of the corporation (if known): The date dissolution was authorized: The date dissolution was authorized: [no more than 90 days after dissolution fill Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group ent 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)	The document number of the corporation (if known): Local S622 The date dissolution was authorized:

Filing Fee: \$35