

PO1000021818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

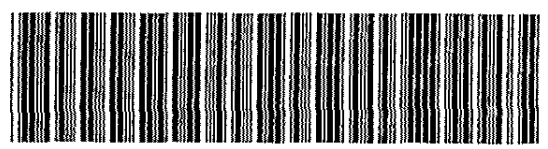
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 MAY -9 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
LFS
5/18-05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P01000021818

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

Please return all correspondence concerning this matter to the following:

James E. Baiers

(Name of Person)

Professional Benefit Solutions 4, Inc.

(Name of Firm/Company)

755 W. Big Beaver Road, Suite 1700

(Address)

Troy, MI 48084

(City/State/and Zip Code)

For further information concerning this matter, please call:

James E. Baiers

(Name of Person)

at (248) 269-9600

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:
Professional Benefit Solutions 4, Inc.

SECOND: The document number of the corporation (if known): P01000021818

THIRD: The date dissolution was authorized: April 29, 2005

Effective date of dissolution if applicable: _____
(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 of 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)

Signed this 29th day of April, 2005

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)

James E. Baiers

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

Filing Fee: \$35

FILED
2005 MAY -9 PM 3:09
TREASURER
SECRETARY
OFFICE OF THE
CLERK OF THE
STATE
FLORIDA