

PO1000052502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status



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Office Use Only



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11/17/08--01020--019 **52.50

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2008 NOV 17 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution w/ Notice

TB

11-19-18

W. CRAIG EAKIN, P.A.

**ATTORNEY AT LAW
TELEPHONE 954-566-7417
FACSIMILE 954-565-2392**

November 12, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Dissolution for Twenty Twenty Insurance, Inc.

Dear Sir/Madam:

Enclosed please find my cover letter and the following documents for filing under the laws of the State of Florida:

1. Articles of Dissolution re: Twenty Twenty Insurance, Inc.
2. Notice of Corporate Dissolution re: Twenty Twenty Insurance, Inc.

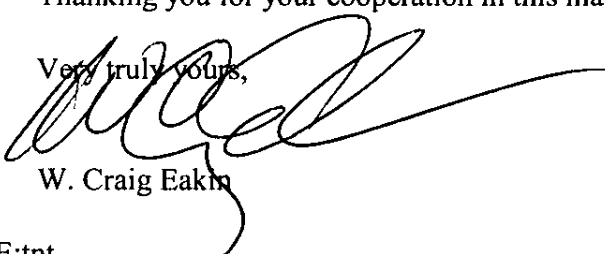
I am also enclosing herewith my check in the amount of \$52.50 as payment of the following items:

Filing fee	\$35.00
Certified copy	\$ 8.75
Certificate of Status	\$ 8.75

When you have completed the filing of these documents, will you please furnish me with the Certificate of Status and a certified copy of the Articles of Dissolution (additional copy enclosed for same).

Thanking you for your cooperation in this matter and with best regards, I am

Very truly yours,


W. Craig Eakin

WCE:tnt
enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWENTY TWENTY INSURANCE, INC.

DOCUMENT NUMBER: P01000052502

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

Please return all correspondence concerning this matter to the following:

W. CRAIG EAKIN, ESQ.

(Name of Contact Person)

W. CRAIG EAKIN, PA

(Firm/Company)

2900 E OAKLAND PARK BLVD

(Address)

FORT LAUDERDALE, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

W. CRAIG EAKIN, ESQ.

(Name of Contact Person)

at (954) 566-7417

(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

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:
TWENTY TWENTY INSURANCE, INC.

SECOND: The document number of the corporation (if known): P01000052502

THIRD: The date dissolution was authorized: 11/12/2008

Effective date of dissolution if applicable: UPON FILING
(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)

LAYNE N. LOTT

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED
2008 NOV 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: TWENTY TWENTY INSURANCE, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

CLAIMANT NAME, CLAIMANT ADDRESS, DATE OF CLAIM/SERVICE,
DESCRIPTION OF CLAIM/SERVICE PROVIDED, AMOUNT OF CLAIM,
WHETHER CLAIM IS SECURED OR UNSECURED, WHETHER CLAIM
IS CONTINGENT, NONCONTINGENT, CONDITIONAL, UNCONDITIONAL,
MATURED, UNMATURED, AND REASONABLE DESCRIPTION OF CLAIM.

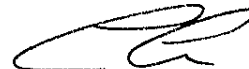
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2708 NE 35TH STREET
FORT LAUDERDALE, FL 33306

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LAYNE N. LOTT, PRESIDENT/DIRECTOR

Printed Name of the Person Filing



Signature of the Person Filing

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