

PO1000110597

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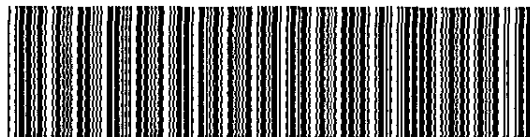
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C&N INSURANCE AGENCY, INC.

DOCUMENT NUMBER: P01000110597

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

Please return all correspondence concerning this matter to the following:

Jonathon B. Palmquist
(Name of Person)

C&N Insurance Agency, Inc.
(Name of Firm/Company)

7201 NW 11th Place
(Address)

Gainesville, FL 32605
(City/State/and Zip Code)

For further information concerning this matter, please call:

Jonathon B. Palmquist at (352) 333-1214
(Name of 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, Florida 32314


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

**ARTICLES OF DISSOLUTION
OF
C&N INSURANCE AGENCY, INC.**

Pursuant to 607.1403, Florida Statutes, C&N INSURANCE AGENCY, INC. hereby submits the following Articles of Dissolution:

1. The name of the corporation is C&N INSURANCE AGENCY, INC., document number P01000110597.
2. The date dissolution was authorized: December 1, 2003
3. Dissolution was approved by written consent of the shareholders. The number of votes cast for dissolution was sufficient for approval.

Signed this 4th day of December, 2003.



Jonathon B. Palmquist
Secretary

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