

Pol 000 120524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

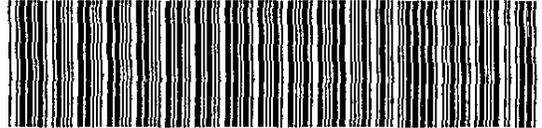
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800044055538

01/11/05--01025--002 **35.00

CLERK OF DISTRICT COURT
FALLAHASSEE, FLORIDA

05 JAN 11 PM 1:29

FILED

exc vol:

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

MC CLENAHAN, INSURANCE, INC.

SECOND: The document number of the corporation (if known): PO1000120524

THIRD: The file date of the articles of incorporation was: DEC 20, 2001

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 10 day of JANUARY, 2005.

Signature: *G. T. McClehanan*
(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.)

G. T. MC CLENAHAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

TRANSMITTAL LETTER

**McCLENAHAN INSURANCE
96 N. BROOKWOOD DR.
SANTA ROSA BEACH, FL 32459**

TO: Amendment Section
Division of Corporations

SUBJECT: McCLENAHAN INSURANCE, INC.

DOCUMENT NUMBER: PO1000120524

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

Please return all correspondence concerning this matter to the following:

G. T. McCLENAHAN
(Name of Person)

McCLENAHAN INSURANCE, INC
(Name of Firm/Company)

96 N. BROOKWOOD DR
(Address)

SANTA ROSA BEACH, FL 32459
(City/State/and Zip Code)

CLERK OF STATE
TALLAHASSEE, FLORIDA

05 JAN 11 PM 1:29

FILED

For further information concerning this matter, please call:

G. T. McCLENAHAN at (850) 231-6225
(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