

PO2000090507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

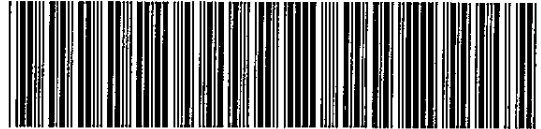
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/04--01016--019 **35.00

FILED
04 APR -7 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

BS 4/14/04



Cutlip Financial Insurance Services, Inc.

8462 Northcliffe Boulevard, Suite C • Spring Hill, FL 34606

April 5, 2004

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find my application for filing Articles of Dissolution.

Sincerely,

Deborah J. Cutlip, LUTCF
President

Phone: 352-684-9137

Fax: 352-684-4181

Toll Free: 800-587-3806

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: P02000090507

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

Please return all correspondence concerning this matter to the following:

Deborah J. Cutlip
(Name of Person)

Cutlip Financial Insurance Services
(Name of Firm/Company)

8462 Northcliffe Blvd. Ste C
(Address)

SPRING HILL, FL 34606
(City/State/and Zip Code)

For further information concerning this matter, please call:

Deborah J. Cutlip at (352) 684-9137
(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

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 Department of State:

Cutlip Financial Insurance Services, Inc.

SECOND: The document number of the corporation (if known): P02000090507

THIRD: The date dissolution was authorized: ~~3-15-04~~ 3-15-04

Effective date of dissolution if applicable: 4-1-04
(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 1st day of APRIL, 2004.

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)

Deborah J. Cutlip
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
04 APR - 7 PM 3:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA