

PO 3000018841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

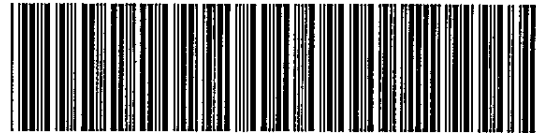
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/04--01036--003 **35.00

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04 FEB -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voldis w/notice
T. Lewis 2/16/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corp

DOCUMENT NUMBER: P03000018841

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

Please return all correspondence concerning this matter to the following:

Michele Fitzgerald
(Name of Person)

Fitzgerald Truck Insurance Agency Corp.
(Name of Firm/Company)

303 LARKWOOD DR
(Address)

Sanford, FL 32771
(City/State/and Zip Code)

For further information concerning this matter, please call:

Michele Fitzgerald at (407) 324 2647
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 607.1401, 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:

Fitzgerald Truck Insurance Agency Corp.

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

P030000188410

THIRD: The file date of the articles of incorporation was:

2/11/03

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 4th day of Feb., 2004.

Signature:

Michele Fitzgerald
(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.)

Michele Fitzgerald

(Typed or printed name of person signing)

Pres.

(Title of person signing)

Filing Fee: \$35

FILED
FEB -9 AM 11:16
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: Fitzgerald Truck Insurance Agency Corp.

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:

Name, Address, Amount of Claim, Reason for claim

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

303 Lakewood Dr.
San Jose, CA 95128

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.

Michele Fitzgerald
Printed Name of the Person Filing

Michele Fitzgerald
Signature of the Person Filing

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