

P03000125873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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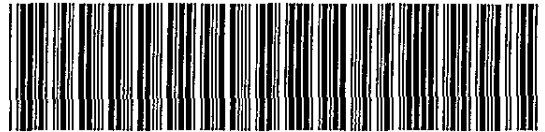
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/21/05--01069--013 \*\*43.75

*Coulliette* 55.

C. Coulliette MAR 29 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** 903000125873

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

Please return all correspondence concerning this matter to the following:

Lynn M. Remón  
(Name of Person)

CUSTOMERS RULE INSURANCE CORP.  
(Name of Firm/Company)

12785 CYPRUS ROAD  
(Address)

NORTH MIAMI FL 33181  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Lynn Remón at ( 305 ) 891 9538  
(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 Florida Department of State:

CUSTOMERS RULE Insurance Corp.

SECOND: The document number of the corporation (if known): P03000125873

THIRD: The date dissolution was authorized: 12/31/2004

Effective date of dissolution if applicable: —  
(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 19<sup>th</sup> day of MARCH, 2005

Signature: Lynn M. Remón

(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)

Lynn M. Remón

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

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