

P03000150291

FLORIDA-INSURANCE
CONSULTING, INC.
113 E. MAIN ST. STE. 5
BARTOW, FL. 33830

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

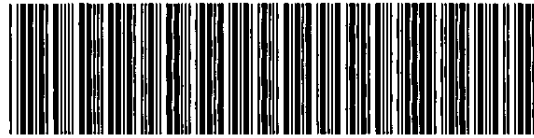
(Business Entity Name)

(Document Number)

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08/24/07--01025--010 **35.00

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07 AUG 24 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Volun. Dis.
w/Notice

08/30/07

De

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:

CARRIZALES BROTHER'S INC.

SECOND: The document number of the corporation (if known): P03000150291

THIRD: The date dissolution was authorized: 7-31-07

Effective date of dissolution if applicable: 8-1-07
(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 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)

Signature: Leovigildo Carrizales
(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)

LEOVIGILDO CARRIZALES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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07 AUG 24 PM 3:09
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: CARRIZALES BROTHER'S INC.

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:

ANY AND ALL DOCUMENTATION RELATED TO ANY
CLAIM INCLUDING CONTRACTS, INVOICES, WORK ORDERS
ETC.

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

MR. LEONIGILDO CARRIZALES
P.O. Box 315
PLANT CITY, FL. 33564

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.

LEONIGILDO CARRIZALES
Printed Name of the Person Filing

(x) Leonigildo Carrizales
Signature of the Person Filing

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