

P 050000 41054

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

DISSOLUTION OR WITHDRAWAL
FLORIDIAN AUTO INSURANCE AGENCY, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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 SECRETARY OF STATE
 TALLAHASSEE FL 09107

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April 24, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDIAN AUTO INSURANCE AGENCY, INC.

PO BOX 50941

FORT MYERS, FL 33994

SUBJECT: FLORIDIAN AUTO INSURANCE AGENCY, INC.

REF: P05000041054

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PLEASE HAVE ALBERTA TUCEK TO SIGN THE "NOTICE OF CORPORATE DISSOLUTION".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000099363
Letter Number: 709A00013877

RECEIVED

2009 APR 24 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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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:
FLORIDIAN AUTO INSURANCE AGENCY, INC.
- SECOND: The document number of the corporation (if known): P05000041054
- THIRD: The date dissolution was authorized: MARCH 19, 2009
Effective date of dissolution if applicable: MARCH 19, 2009
(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: 

(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)

ALBERTA TUCEK

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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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: FLORIDIAN AUTO INSURANCE AGENCY, 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:

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

FLORIDIAN AUTO INSURANCE AGENCY, INC.

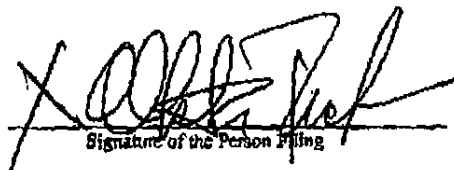
4392 PALM BEACH BLVD.

FORT MYERS, FLORIDA 33905

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.

ALBERTA TUCEK

Printed Name of the Person Filing


Signature of the Person Filing

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

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