

905000051711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

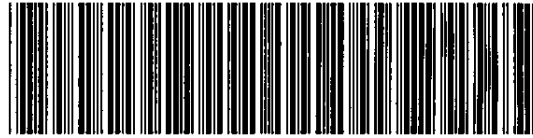
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800101939538

05/14/07--01053--025 \*\*35.00

FILED  
07 MAY 14, AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOIDS  
5/21

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NICKN CEE, Inc.

**DOCUMENT NUMBER:** P05000051711

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

Please return all correspondence concerning this matter to the following:

Cee Cee Wieland

(Name of Contact Person)

NICKN CEE, Inc dba Brooke Insurance

(Firm/Company)

3520 Avalon Park Blvd

(Address)

Orlando FL 32828

(City/State and Zip Code)

(  
NEW Address.  
2502 Decker Ave  
Orlando, FL 32833  
)

For further information concerning this matter, please call:

Cee Cee Wieland

(Name of Contact Person)

at ( 321 ) 303 3364

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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 the Florida Department of State:

NICKNCEE'S Inc.

SECOND: The document number of the corporation (if known): P05000051711

THIRD: The file date of the articles of incorporation: August 24, 2006

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.

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.)

CEE CEE Wieland

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED  
07 MAY 14 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35

## 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: NICK NCEES 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:

NONE

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

NONE

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.

Pee Pee Wieland

Printed Name of the Person Filing

Pee Pee

Signature of the Person Filing

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