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COVER LETTER

TO: Amendment Section Division of Corporations
account of conference
SUBJECT: Seniors Insurance Services, Inc.
DOCUMENT NUMBER: P060000 2697
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
bel S Hipolito (Name of Contact Person)
(Name of Contact Person)
Seniors Insurance Services, Inc. (Firm/Company)
4914 Banning St. (Address)
H914 Banning St. (Address) Lehigh Acres, FL 33971 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (239) 226-0.333 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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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

enclosed)

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the state of dissolution:
of dissolution: SECRETARY OF STATE TALLAHASSEE, FLORID
FIRST: The name of the corporation as currently filed with the Florida Department of State:
Seniors Insurance Services, Inc.
SECOND: The document number of the corporation (if known): 1000000000000000000000000000000000000
THIRD: The date dissolution was authorized: 12/31/2007
Effective date of dissolution if applicable: 12/3/67 (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)
Joel S. Hipolito
(Typed or printed name of person signing)

Filing Fee: \$35