

PO6000062454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

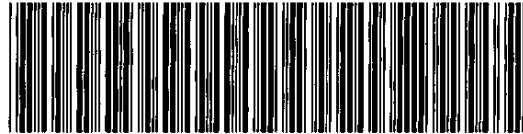
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 NOV 20 PM 1:06

PS 11/20/07
D.C.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2007

VITO MOLFETTO
SOUTHERN INSURANCE BROKERS, INC.
12824 HIBISCUS AVE
SEMINOLE, FL 33776

SUBJECT: SOUTHERN INSURANCE BROKERS, INC.
Ref. Number: P06000062454

We have received your document for SOUTHERN INSURANCE BROKERS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 407A00058808

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: REG # R006427 Loc # 126237

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

Please return all correspondence concerning this matter to the following:

VITO MOLFETTO

(Name of Contact Person)

SOUTHERN INSURANCE BROKERS

(Firm/Company)

12824 Hibiscus Ave

(Address)

SEMINOLE, FL. 33776

(City/State and Zip Code)

For further information concerning this matter, please call:

VITO MOLFETTO

(Name of Contact Person)

at (727) 319-4188

(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 607.1403, 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:

SOUTHEAST INSURANCE BROKERS, INC

SECOND: The document number of the corporation (if known): PO6000062854

THIRD: The date dissolution was authorized: 8-2007

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 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)

VITO MOLFETTO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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DIVISION OF CORPORATIONS
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Filing Fee: \$35