

PG0000101182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

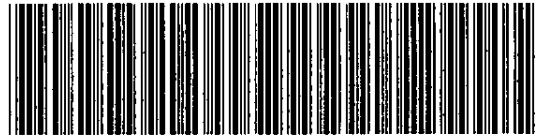
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/30/09--01004--005 **35.00

APPROVED
AND
FILED

09 DEC 30 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS
1/5/10
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCS Adjusting Inc

DOCUMENT NUMBER: PO 6000101182

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

Please return all correspondence concerning this matter to the following:

LINDA LOMBARDO
(Name of Contact Person)

(Firm/Company)
9640 NW 2nd St #308
(Address)
Pembroke Pines FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA LOMBARDO at (305) 989 9380
(Name of Contact Person) (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:

LCS Adjusting Inc

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

PO 6000101182

THIRD: The date dissolution was authorized: 12/28/09

Effective date of dissolution if applicable: 12/31/09

(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: Linda Lombardi

(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)

LIND LOMBARDI
(Typed or printed name of person signing)

Pres
(Title of person signing)

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AND
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TALLAHASSEE, FLORIDA

Filing Fee: \$35