

P07000084396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

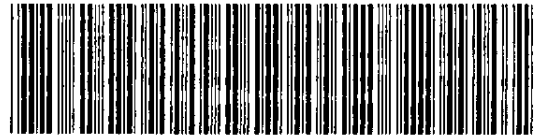
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Employer Insurance Services, Inc.

**DOCUMENT NUMBER:** P07000084396

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

Please return all correspondence concerning this matter to the following:

Steven H. Steinberg

(Name of Contact Person)

American Employer Insurance Services, Inc.

(Firm/Company)

9280 Bay Plaza Boulevard, Suite 715

(Address)

Tampa, FL 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

Marshall Glass

(Name of Contact Person)

at ( 813 ) 740-8612

(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

# LEASING RESOURCES

of America

9280 Bay Plaza Blvd #715 • Tampa, FL 33619-4473

March 22, 2011

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Articles of Dissolution

Dear Sirs:

Attached is the Articles of Dissolution for American Employer Insurance Services, Inc. document number P07000084396. Also enclosed is a check for \$35.00, check number 1001001.

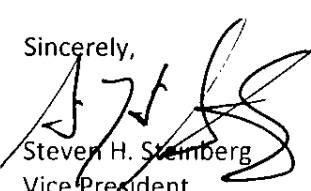
Please return any correspondence to:

Steven Steinberg  
LRA Business Solutions, Inc.  
9280 Bay Plaza Boulevard, Suite 715  
Tampa, FL 33619

Telephone: 813-740-8612  
Fax 813-740-8614  
Email address: [2@lrapeo.com](mailto:2@lrapeo.com)

Thank you.

Sincerely,



Steven H. Steinberg  
Vice President

Attachment

## 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:

American Employer Insurance Services, Inc.

SECOND: The document number of the corporation (if known): P07000084396

THIRD: The date dissolution was authorized: December 31, 2010

Effective date of dissolution if applicable: December 31, 2010

(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)

Marshall Glass

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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