

PD 7000 113836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

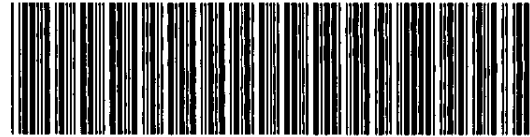
(Document Number)

Certified Copies

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12/26/12--01020--014 **43.75

FILED
12 DEC 26 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis/a/ot/c
[Signature]

12-27-12

TO: FLORIDA DAPARTMENT OF STATE
DIVISION OF CORPORATIONS
AMENDMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: KENNETH KOBER
SEC/TRE, THE KOBER INSURANCE TEAM CORP

DATE: 12/20/2012

ENCLOSED, PLEASE FIND A CHECK FOR \$43.75: FILING FEE,
CERTIFIED COPY (ADDITIONAL COPY TO BE ENCLOSED)

SEND THE CERTIFICATION TO:

KENNETH KOBER
14121 BRANT POINT CIRCLE #144
FORT MYERS, FLORIDA 33919
TELEPHONE: 239-292-6944
Kennethkober@comcast.net

A handwritten signature in black ink, appearing to read "Kenneth Kober", is written over the printed name and address.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE KOBER INSURANCE TEAM CORP

DOCUMENT NUMBER: P07000113836

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

Please return all correspondence concerning this matter to the following:

KENNETH C. KOBER

(Name of Contact Person)

(Firm/Company)

14121 BRANT POINT CIRCLE #144

(Address)

FORT MYERS, FLORIDA 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH C. KOBER

(Name of Contact Person)

at (**239**) **292-6944**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

FILED
12 DEC 26 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

THE KOBER INSURANCE TEAM CORP

SECOND: The document number of the corporation (if known): P07000113836

THIRD: The date dissolution was authorized: 12/20/2012

Effective date of dissolution if applicable: 12/20/2012

(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)

KENNETH C. KOBER

(Typed or printed name of person signing)

SECRETARY/TREASURER

(Title of person signing)

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: THE KOBER INSURANCE TEAM CORP

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:

DATE OF DEBT, PROPERTY OR SERVICE PROVIDED, COPY OF ORIGINAL NOTICE OF
DEBT, WHERE WAS THE ORIGINAL NOTICE OF DEBT SENT, WAS THE
DEBT DISPUTED BY THE CORP?

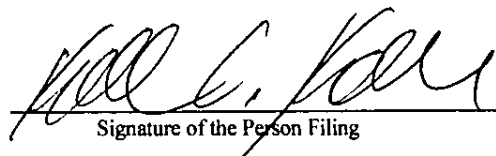
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

KENNETH C. KOBER
14121 BRANT POINT CIRCLE #144
FORT MYERS, FLORIDA 33919

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.

KENNETH C. KOBER

Printed Name of the Person Filing



Signature of the Person Filing

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