

PO7000126884

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All Claims Insurance Consulting, Inc.

DOCUMENT NUMBER: P07000126884

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

Please return all correspondence concerning this matter to the following:

Rosa Marrero

Name of Contact Person

All Claims Insurance Repairs, Inc.

Firm/Company

320 NE 1st Avenue

Address

Hallandale, FL 33009

City/State and Zip Code

rmarrero@allclaimsrepairs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Marrero

Name of Contact Person

At (954) 873-6062

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
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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

FILED
May 12, 2015
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:
ALL CLAIMS INSURANCE CONSULTING, INC.
- SECOND:** The document number of the corporation: **P07000126884**
- THIRD:** The file date of the articles of incorporation: **November 27, 2007**
- FOURTH:** None of the corporation's shares have been issued.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH:** A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **KENNETH CARMAN** **PRESIDENT**

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative