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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Regional Insurance Agency Inc DOCUMENT NUMBER: P08000053591 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joshua M Filmore (Name of Contact Person) Regional Insurance Agency Inc (Firm/Company) 630 US Highway 17-92 W (Address) Haines City, FL 33844 (City/State and Zip Code) For further information concerning this matter, please call: at (_863__) 419-4847 (Area Code & Daytime Telephone Number) Joshua Filmore (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) **STREET ADDRESS: MAILING ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:		
	Regional Insurance Agency, Inc.			
SECOND:	The document number of the corporation (if known): P08000053591			
THIRD:	The file date of the articles of incorporation: 3/10/2009			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.		09	
	The corporation has not commenced business.	LAHA DRE T	SEP 2	ग
FIFTH:	No debt of the corporation remains unpaid.	SSEE,	M4 h	OBTI.
SIXTH: T	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	FEORID	™ :: 30	0
SEVENTH:	Adoption of Dissolution (CHECK ONE)	>	_	
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
Signat	(By a director, president or other officer - if directors or/officers have not been selected, by an incornin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	oorator - i	if	
	Joshua M Filmore (Typed or printed name of person signing)			
	VP/Agent (Title of Reman Signing)			

Filing Fee: \$35