Pogo0020115							
(Requestor's Name) (Address) (Address)	200163423032						
(City/State/Zip/Phone #)	03/15/1001065011 **35.00						
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 10 MAR 15 AM 9: 15 SECRETARY OF STATE FALLAHASSEE, FLORIDA						
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Volpe



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2010

Copy of original sent to me.

DEBRA ANN BATEMAN BATEMAN INSURANCE GROUP, INC. 1201 19TH PLACE, SUITE A-220 VERO BEACH, FL 32960

SUBJECT: BATEMAN INSURANCE GROUP, INC. Ref. Number: P09000020115

We have received your document for BATEMAN INSURANCE GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 810A00004618

submission. I have been so submission. I have been so stressed out about having to close my 5 business die been doing some pretty "flakeg" thing lately ! Sincerely, Que

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Bateman Insurance Group, Inc. Dissolution

DOCUMENT NUMBER: ? P09000020115

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

Please return all correspondence concerning this matter to the following:

	Debra Ann Bateman						
	(Name o	f Contact Person)					
	Bateman Insurance Group, Inc						
	(Fi	rm/Company)					
	1201 19th Place, Suite A-220						
	(/	(Name of Contact Person) Surance Group, Inc. (Firm/Company) lace, Suite A-220 (Address) (Address) Florida 32960 (City/State and Zip Code) mation concerning this matter, please call: eman e of Contact Person) at (321) e of Contact Person) at (321) e of Contact Person) at (321) (Area Code & Daytime Telephone Number) eck for the following amount: e □\$43.75 Filing Fee & Status (Additional copy is enclosed) Certificate of Status (Additional copy is enclosed) GADDRESS: tent Section of Corporations (6327					
	Vero Beach, Florida 32960						
	For further information concerning this m	atter plass call					
	i of tartier mornation concerning this in						
	D. Ann Bateman	at (321) 863-7615					
	(Name of Contact Person)						
	Enclosed is a check for the following amo	unt:					
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■ Status Certificate of Status Certified Conv Certificate of Status							
D	Certificate of Status						
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<u>m</u>							
	MAILING ADDRESS:						
	Amendment Section						
	Division of Corporations						
	P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

·	ARTICLES OF DISSOLUTION			
Pursuant to a of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the for n	llowing artic	;les	
FIRST:	The name of the corporation as currently filed with the Florida Department o Bateman Insurance Group, Inc.	f State:		
SECOND:	The document number of the corporation (if known): ? P09C00020115	5		
THIRD:	The date dissolution was authorized: January 1, 2010		_	
	Effective date of dissolution if applicable: March 1, 2010 (no more than 90 day; after dissolution	file datc)	-	
FOURTH:	Adoption of Dissolution (CHECK ONE)	·		-
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissoluti	on	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	SECR	10 MAR	
	100% Owner/Shareholder	ETAF	IR 15	1 1
	. (voting group)	SEE, I	AM	r il cu
	Signature: Dem Que Bate	STATE FLORIDA	9 :15	
	(By a threetor, president or other officer - if directors or officers have not teen selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	Debra Ann Bateman (Typed or printed name of person signing)			

Filing Fee: \$35