

PO9000072222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

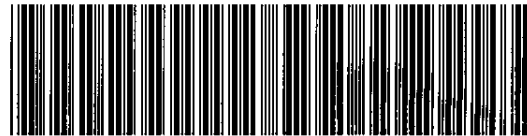
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/27/10--01053--002 **35.00

DISMISS

1-24-11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 21 PM 12:19

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2011

MARILYN E. ALEXANDER
ALECO INSURANCE AGENCY INC
752 COVE WAY
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALECO INSURANCE AGENCY, INC.
Ref. Number: P09000072222

We have received your document for ALECO INSURANCE AGENCY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 411A00000135

RECEIVED
11 JAN 21 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolving Corp.

DOCUMENT NUMBER: P09000072222

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

Please return all correspondence concerning this matter to the following:

Marilyn E. Alexander
(Name of Contact Person)

Aleco Insurance
(Firm/Company)

752 Cove Way
(Address)

Altamonte Springs, Fl. 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Marilyn E. Alexander at (407) 774-1967
(Name of Contact Person) (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

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:

Aleco Insurance

SECOND: The document number of the corporation (if known): P09000072222

THIRD: The file date of the articles of incorporation: 8-27-2009

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

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: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Marilyn E. Alexander

(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.)

Marilyn E. Alexander
(Type or printed name of person signing)

Owner/President/Registered Agent
(Title of Person Signing)

Filing Fee: \$35

FILED
2011 JAN 21 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Aleco Insurance

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:

Insurance Agency - will cease
business as a corp.

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

Marilyn E. Alexander
752 Cove Way
Altamonte Spring, Florida
32714

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.

Marilyn E. Alexander Marilyn E. Alexander
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