

P09000099/98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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14 MAR 10 PM 12:50
SEAL INVENTORY
TAX AUTHORITY, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 11 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sommerville Insurance Group, Inc.

DOCUMENT NUMBER: PD9000099198

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

Please return all correspondence concerning this matter to the following:

Kyle Sommerville
(Name of Contact Person)

Sommerville Insurance Group, Inc.
(Firm/Company)

516 Yellow tail Place
(Address)

Chuluota FL 32716
(City/State and Zip Code)

For further information concerning this matter, please call:

Kyle Sommerville at (407) 413-8163
(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

APPROVED
AND
FILED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

14 MAR 10 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sommerville Insurance Group, Inc.

SECOND: The document number of the corporation (if known): P09000099198

THIRD: The date dissolution was authorized: 12-31-2013

Effective date of dissolution if applicable: 12-31-2013
(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

Sommerville Insurance Group Board members
(voting group)

Signature: Kil S

(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)

Kyle Sommerville

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

APPROVED
AND
FILED

Notice of Corporate Dissolution

14 MAR 10 PM 12:50

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims, if any, against this corporation as provided in s. 607.1407, F.S.

TALLAHASSEE, FLORIDA

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Sommerville Insurance Group, Inc

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:

Invoice or Description of Issue, Contact info
Including name, address, Phone number.

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

Sommerville Insurance Group, Inc
ATTN: Claims
516 Yellow tail Place
Chuluota FL 32724

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.

Kyle Sommerville
Printed Name of the Person Filing

KLS
Signature of the Person Filing