

PI0000041904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

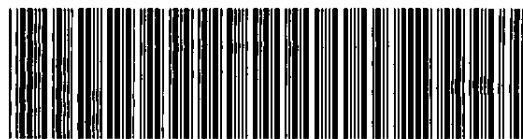
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900188542669

12/13/10--01015--010 **35.00

FILED
NO DEC 13 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vld
w/notice
12-17-10
De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Try Insurance Agency, Inc.

DOCUMENT NUMBER: P100000041904

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

Please return all correspondence concerning this matter to the following:

Kerri Howard
(Name of Contact Person)

Try Insurance Agency, Inc.
(Firm/Company)

6302 Manatee Ave West, Ste K
(Address)

Bradenton, FL 34209
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles P. Howard at (941) 761-7704
(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:

Try Insurance Agency, Inc.

SECOND: The document number of the corporation (if known): P100000041904

THIRD: The file date of the articles of incorporation: 05/14/2010

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: Kerri Howard

(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.)

Kerri Howard

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED
10 DEC 13 AM 9:45
SECRETARY OF STATE
ALLA BASSI - FLO

Filing Fee: \$35

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: Try Insurance Agency, 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:

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

6302 Manatee Ave West, Ste K
Bradenton, FL 34209

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.

Kerri Howard

Printed Name of the Person Filing

Kerri Howard

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00