## P1000080943

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations		
SUBJECT: Dissolution of Am	erican Prime Insurance, Inc.	
DOCUMENT NUMBER: P10000	080943	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Jose Menendez		
(Name of C	Contact Person)	
Lomar Group, LLC		
(Firm	n/Company)	
10631 N. Kendall Dr., S	Suite 280	
(Ac	ddress)	
Miami, FL 33176		
(City/Star	te and Zip Code)	
For further information concerning this mat	tter, please call:	
Jose Menendez	at (305) 267-9660  (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	nnt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & □ \$52.50 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 607.1403, 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:		
	American Prime Insurance, Inc.		
SECOND:	The document number of the corporation (if known): P10000080943	<del></del>	
ΓHIRD:	The date dissolution was authorized: 3/31/13		
	Effective date of dissolution <u>if applicable</u> : 3/31/13  (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 dissol was sufficient for approval.	ution	
	☐ Dissolution was approved by the shareholders through voting group		
	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 FLORIE 99.		
	(voting group)		
	Signature:		
	(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)		
	Alberto Sigler, Sr.		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

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: American Prime Insurance, 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:

Amount and description of the claim	
Name of and contact information for the clair	mant
	<u></u>
Mailing address where claims can be sent: (Claims cannot be sent to the D	. <u>F</u> G
American Prime Insurance, Inc.	FII MAY - RETAR AJIASS
c/o Lomar Group, LLC	
10631 N. Kendall Dr., Suite 280	M 9: 02

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.

Alberto Sigler, Sr.

Printed Name of the Person Filing

Signature of the Person Litin

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