P10000090713

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COVER LETTER

TO: Amendment Section

Division of Corporations	.*
SUBJECT: H & H INSURANCE SERVICES INC	
	• ···
DOCUMENT NUMBER: P10000090713	_
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MILKA HASKINS	_
(Name of Contact Person)	
LEBRON ACCOUNTING SERVICES	
(Firm/Company)	
5116 N ARMENIA AVE	
(Address)	,
TAMPA, FL 33603	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MILKA HASKINS at (813) 8778918	
(Name of Contact Person) (Area Code & Daytime T	Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Certified	ate of Status & d Copy onal copy is
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SecDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive	tion porations 3

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:
	H & H INSURANCE SERVICES INC
SECOND:	The document number of the corporation (if known): P10000090713
THIRD:	The file date of the articles of incorporation: 11/04/2010
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.
Signa	(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.)
	INGRID HERRERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35