

PII 000047086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

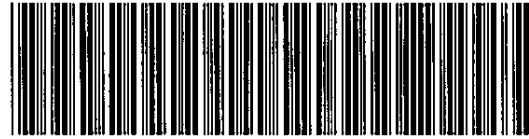
(Business Entity Name)

(Document Number)

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11/20/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Educator Insurance West Coast, Inc.

DOCUMENT NUMBER: P11000047086

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

Please return all correspondence concerning this matter to the following:

Casey Wilson

(Name of Contact Person)

Ascentia FE

(Firm/Company)

301 W. Platt Street, #346

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Casey Wilson

(Name of Contact Person)

813

448-6558

at (_____) _____

(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

November 13, 2013

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of *Florida Educator Insurance West Coast, Inc.*
Document No. P11000047086

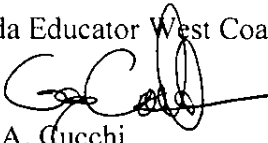
Dear Sir or Madam:

Enclosed for filing are Articles of Dissolution for the above-referenced corporation and Articles of Organization for a new LLC using the same name.

The corporation is being permanently dissolved and will not be reinstated, thus we would like to use the same name for the filing of the new LLC.

Thank you.

Florida Educator West Coast Insurance, Inc.


Gary A. Cucchi
President

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:
Florida Educator Insurance West Coast, Inc.

SECOND: The document number of the corporation (if known): P11000047086

THIRD: The date dissolution was authorized: November 12, 2013

Effective date of dissolution if applicable: _____
(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

(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)

Gary Cucchi

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35