

P12-000102466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

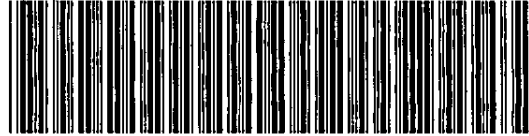
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100281963831

02/11/16--01007--026 **35.00

2016 FEB 11 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

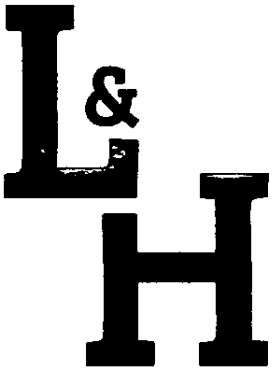
FILED

FEB 12 2016

C. CARROTHERS

LICHTSINN & HAENSEL, S.C.
ATTORNEYS AT LAW

February 8, 2016



Florida Dept. of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Robert B. Miller – ADR & Claim Consulting Services, Inc.
Document No. P12000102466

Dear Sir or Madam:

Enclosed please an original and one exact copy of Articles of Dissolution for Robert B. Miller – ADR & Claim Consulting Services, Inc. Please file this document in the usual manner and return the filed document to the undersigned in the envelope provided.

If you have any questions, please feel free to contact me.

Sincerely,

LICHTSINN & HAENSEL, S.C.

By: *Dawn Kiel*
Dawn Kiel

DK-smp-L:AFWB\Miller, Robert\FL SOS 2-8-16
Enclosures

PETER C. HAENSEL*
FRANK W. BASTIAN**
MICHAEL J. BENNETT**
WILLARD G. NEARY
KATHLEEN R. DAHLGREN
CYNTHIA MACK
MICHAEL D. ORGEMAN
JOSEPH A. ABRUZZO
REGGIE L. WEGNER**
MEGHAN E. BUSALACCHI
ANDREW B. CHRISTOPHERSON

*Of Counsel
**Also Certified Public Accountants

Accounting Services
DAWN KIEL, CPA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution for Robert B. Miller - ADR & Claim Consulting Services, Inc.

DOCUMENT NUMBER: P12000102466

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

Please return all correspondence concerning this matter to the following:

Dawn Kiel

(Name of Contact Person)

Lichtsinn & Haensel, s.c.

(Firm/Company)

111 East Wisconsin Avenue, Suite 1800

(Address)

Milwaukee, WI 53202

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Kiel

(Name of Contact Person)

at (414)276-3400

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

Robert B. Miller - ADR & Claim Consulting Services, Inc.

SECOND: The document number of the corporation (if known): P12000102466

THIRD: The date dissolution was authorized: February 5, 2016

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Robert B. Miller

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
2016 FEB 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA