P15000 52127

(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



700340184437

02/03/20+-01012+-017 **35.00

SECRETARY OF STATE

MAR 30 2020

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: BUSINESS Closed
DOCUMENT NUMBER: P15000 52127
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trezza Burke (Name of Contact Person)
(Closed) Burke Claims Services Mc (Firm/Company)
2252 Cricket Ridge Drive
Cantonment FL 32533 (City/State and Zip Code)
For further information concerning this matter, please call:
Trozza Burke, at (850) 393-0734 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	t of State:	
	Burke Claims Services Inc		
SECOND:	The document number of the corporation (if known): \$\frac{p150000}{}\$	52127	
THIRD:	The file date of the articles of incorporation:		
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have be to the shareholders, if shares were issued.	een distributed	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.		
Sign	ature: (By a director, president of other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Trezza D Durke (Typed or printed name of person signing) (Ex) President (Fitle of Person Signing) Filling Fee: \$35	SECRETARY OF STATE TALLAHASSEE FLORID.	