

P1500059328

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000175725 3)))



H170001757253ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
17 JUL -5 AM 8:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
BROKERS INSURANCE INFO PLANS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

EFFECTIVE DATE
7/5

JUL 06 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

07/05/2017 15:48

3052201440

LAZARUS

PAGE 02/02

H17000175725

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:

Brokers Insurance Info Plans Inc.

SECOND: The document number of the corporation (if known): P15 000059328

THIRD: The date dissolution was authorized: 7/5/17

Effective date of dissolution if applicable: 7/5/17
(no more than 90 days after dissolution file date)

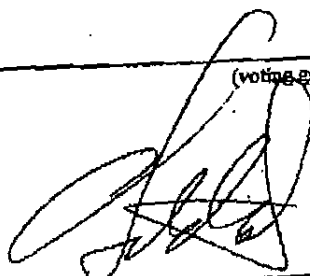
FOURTH: Adoption of Dissolution (CHECK ONE)

☒ 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)

Gilda M Torralbas
(Typed or printed name of person signing)

(P)
(Title of person signing)

H17000175725

FILED
17 JUL -5 AM 8:27
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE