

PI5000094115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

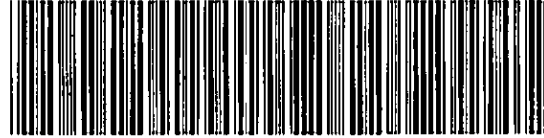
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VOLUNTARY DISSOLUTION OF CORPORATION  
\_\_\_\_\_

**DOCUMENT NUMBER:** P15000094115  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CHRISTINE EDENS  
\_\_\_\_\_

(Name of Contact Person)

EDENS INSURANCE AGENCY, INC  
\_\_\_\_\_

(Firm/Company)

1891 CAMEO WAY  
\_\_\_\_\_

(Address)

CLEARWATER, FL 33756  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE EDENS  
\_\_\_\_\_

(Name of Contact Person)

at (727) 642-8896  
\_\_\_\_\_

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:

EDENS INSURANCE AGENCY, INC

SECOND: The document number of the corporation (if known): P15000094115

THIRD: The date dissolution was authorized: DECEMBER 31, 2020

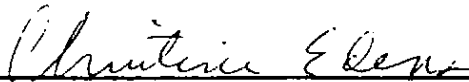
Effective date of dissolution if applicable: DECEMBER 31, 2020

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

CHRISTINE EDENS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: EDENS INSURANCE AGENCY, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

DECEMBER 31, 2020

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

FORWARD ANY CLAIMS TO THE ADDRESS OF RECORD

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

1891 CAMEO WAY, CLEARWATER, FL 33756

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CHRISTINE EDENS

Printed Name of the Person Filing

Christine Edens

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**