

P1600004/234

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☐ PICK-UP

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07/06/17--01006--033 **35.00

S. TALLENT

JUL 10 2017

FILED
17 JUL -3 PM 5:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

v/d w/notice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

DAVID HERNANDEZ INSURANCE AGENCY INC.

~~P.O. BOX 202037~~ **6237 DEWDROP WAY**
TEMPLE TERRACE, FL ~~33687~~ **33617**

SUBJECT: DAVID HERNANDEZ INSURANCE AGENCY, INC.
Ref. Number: P16000041234

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

PLEASE CHOOSE ONE OF THE FORMS PROVIDED WHICH BEST SUITS YOUR SITUATION FOR DISSOLUTION. THERE IS A REQUIRED FEE OF \$35.00 TO FILE A DISSOLUTION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 517A00012821

RECEIVED
JUL -3 PM 3:27
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID HERNANDEZ INSURANCE AGENCY INC.

DOCUMENT NUMBER: P 160000 41234

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

Please return all correspondence concerning this matter to the following:

DAVID J. HERNANDEZ

(Name of Contact Person)

DAVID J. HERNANDEZ

(Firm/Company)

6237 DEWDROP WAY

(Address)

TEMPLE TERRACE, FLA. 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID HERNANDEZ

(Name of Contact Person)

at (813. 9892397

(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

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:
DAVID HERNANDEZ INSURANCE AGENCY, INC.

SECOND: The document number of the corporation (if known): ^{PI 6000041234} TAX I.D. 59-2237825

THIRD: The date dissolution was authorized: 2-1-17

Effective date of dissolution if applicable: N/A
(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

DAVID HERNANDEZ 100% ^{owner} ~~owner~~ of shares.
(voting group)

Signature: David Hernandez, President
(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)

DAVID HERNANDEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILED
17 JUL - 3 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DAVID HERNANDEZ INSURANCE AGENCY INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

No claim - dissolve corporation
(Petitioning)

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

DAVID HERNANDEZ
6237 Reidway Way
Temple Terrace, Fla. 33617

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.

DAVID HERNANDEZ

Printed Name of the Person Filing

David Hernandez

Signature of the Person Filing