

P930000003480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

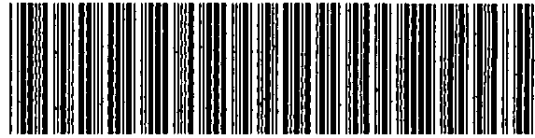
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/08--01025--019 **43.75

FILED
08 JUL 14 PM 2:07
TALLAHASSEE, FLORIDA

D:SS.
9/7/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2008

HARRY BRADFORD
18350 NE 86TH LANE
WILLISTON, FL 32696

SUBJECT: HARRY BRADFORD INSURANCE, INC.
Ref. Number: P93000003480

We have received your document for HARRY BRADFORD INSURANCE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 108A00039697

*# 2789
check is attached.*

*Thanks
Harry Bradford*

*HARRY BRADFORD
18350 NE 86th Lane
Williston, FL
32696*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution Of Harry Bradford Insurance Inc.

EFF 7/1/08

DOCUMENT NUMBER: 607.1041

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

Please return all correspondence concerning this matter to the following:

Harry Bradford

(Name of Contact Person)

(Firm/Company)

18350 Ne 86th Lane

(Address)

Williston, FL 32696

(City/State and Zip Code)

For further information concerning this matter, please call:

Harry Bradford

(Name of Contact Person)

at (352) 538 7818

(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

RECEIVED
JUL -2 AM 8:00
TALLAHASSEE, FL
SECRETARY OF STATE

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 of State:

Harry Bradford Insurance Inc.

SECOND: The document number of the corporation (if known): P93000003480

THIRD: The file date of the articles of incorporation: 01/15/93

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

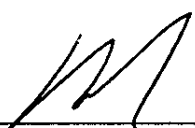
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

HARRY V. BRADFORD

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED
08 JUL 14 PM 2:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Filing Fee: \$35