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(Requesto	r's Name)	-	

(Ad	ldress)	· .
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(Cit	ty/State/Zip/Phor	ne #)
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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section Division of Corporations

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·. .

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P93000041858

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

Please return all correspondence concerning this matter to the following: --

• :

Michael A Lovchuk, Sr		•
(Nam	e of Contact Person)	······································
		, I
P. O. Box 2596	(Firm/Company)	
Brandon, FL 33509-2596	(Address)	an a
(Cit	y/State and Zip Code)	
For further information concerning thi Mike Lovchuk (Name of Contact Person)	at (_813) 684-3276 Code & Daytime Telephone Number)
Enclosed is a check for the following	amount:	·
S Filing Fee □\$43.75 Filing Fee Certificate of Sta		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	n an	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE

ARTICLES OF DISSOLUTION of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Mike Lovchuk Insurance Agency, Inc.

The document number of the corporation (if known): P93000041858 SECOND:

The date dissolution was authorized: May 14, 2010 THIRD:

Bffective date of dissolution if applicable: July-31, 2010

(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 offic 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) Michael A Lovchuk, Sr (Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35