P94000023981

(Req	uestor's Name)	
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LLAHASSEE, FLORID

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TRANSMITTAL LETTER

TO: Amendment Section					
Division of Corporation	ons				
SUBJECT: Florida	Insurance Manage	ement Group,	Inc.		
	(Name of con	rporation)			•
DOCUMENT NUMBER: _	P94000023981	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_
The enclosed withdrawal app	plication and fee are	submitted for I	filing.		
Please return all corresponden matter to the following:	ce concerning this			O3 UE	>
Jeanette Atkinson				₹ ₹ .	ું —
(Name of Perso	on)			SSE	S
Florida Insurance Mana	gement Group			<u> </u>	N.
(Firm/Compar	ny)			.101 715	
244 E. Park Ave			-	RIDA	л У
(Address)					
Lake Wales, FL 33853		-			
(City/State and Zi	p code)		<u></u> ,	-	
For further information concer	ming this matter, ple	ase call:			
Jeanette Atkinson	a	t (_963)_	676-1681 ex-	201	_
(Name of Perso	on)	(Area Code &	Daytime Telephor	ne Number)
STREET ADDRESS:		MAILING A			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
409 E. Gaines St.		P.O. Box 6327 Tallahassee FL 32314			
Tallahassee, FL, 32399		в инипискее п	TI 3/3144		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 25, 2003

JEANETTE ATKINSON FLORIDA INSURANCE MANAGEMENT GROUP 244 E. PARK AVE. LAKE WALES, FL 33853

SUBJECT: FLORIDA INSURANCE MANAGEMENT GROUP, INC.

Ref. Number: P94000023981

We have received your document for FLORIDA INSURANCE MANAGEMENT GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton Document Specialist

Letter Number: 603A00052838

03 DEC 12 AH 8: 56

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIKS1:	The name of the corporation is: Florida Insurance management Group, Inc.
SECOND:	The date dissolution was authorized: 9/8/03
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	ned this 28 day of November , 2003
Signature	(By the Chairman or Vice Chairman of the Board President, or other officer)
	Anthony K. Mathewson (Typed or printed name)

President (Title)