

P95000285/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

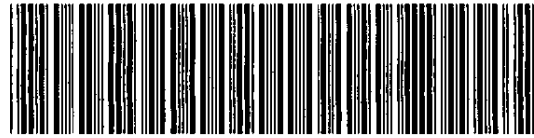
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/01/10--01048--018 **35.00

EFFECTIVE DATE
2-28-10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB -1 PM 12:23

FILED

D.SS/w/notice

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2-2-10

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

January 29, 2010

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* CERTIFIED CIRCUIT CIVIL MEDIATOR
** BOARD CERTIFIED REAL ESTATE LAWYER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314


Re: Neal Chancey Insurance Agency, Inc.
Our File Number: 2244.001.EMB

Ladies and Gentlemen:

Please file the enclosed Articles of Dissolution and Notice of Corporate Dissolution of Neal Chancey Insurance Agency, Inc. A check in the amount for \$35.00 is enclosed for payment of your fees.

Thank you for your assistance. If there are any questions concerning this matter, please call me at the telephone number listed above.

Sincerely,



Jill C. McPherson,
Assistant to Earl M. Barker, Jr.

/jem
Enclosures

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
2-28-10

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:

Neal Chancey Insurance Agency, Inc.

SECOND: The document number of the corporation (if known): P95000028517

THIRD: The date dissolution was authorized: January 8, 2010

Effective date of dissolution if applicable: February 28, 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: H. Neal Chancey, Jr.

(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)

H. Neal Chancey, Jr.

(Typed or printed name of person signing)

President and sole Director

(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: Neal Chancey 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:

Claims must include the name and post office address of the claimant, the
specific amount of the claim, a description of the basis for the claim, a
complete copy of any documents upon which the claim is based, a recitation
of the date on which the claim accrued and any additional information that
the claimant desires to submit.

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

H. Neal Chancey, Jr.

Neal Chancey Insurance Agency, Inc.

P.O. Box 1695

Palatka, FL 32178

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.

H. Neal Chancey, Jr.

Printed Name of the Person Filing



Signature of the Person Filing

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