

P95000073165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Cindy Butts gave authority  
to complete date author  
12/17  
ac*

Office Use Only



000025367040

12/11/03--01039--013 \*\*52.50

FILED  
03 DEC 11 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*12/11*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMSOUTH INSURANCE AGENCY, INC.

**DOCUMENT NUMBER:** P95000073165

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

Please return all correspondence concerning this matter to the following:

Pamela R. Welch, Senior Paralegal

(Name of Person)

AmSouth Bank

(Name of Firm/Company)

Law Department, 315 Deaderick Street

(Address)

Nashville, TN 37237-0721

(City/State/and Zip Code)

For further information concerning this matter, please call:

Pam Welch

(Name of Person)

at ( 615 ) 748-2532

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|--|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 Department of State

AMSOUTH INSURANCE AGENCY, INC.

SECOND: The document number of the corporation (if known): P95000073165

THIRD: The date dissolution was authorized: NOVEMBER 12, 2003

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 of 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)

Signed this 13th day of NOVEMBER, 2003

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)

CARL L. GORDAY

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

**Filing Fee: \$35**

**FILED**  
03 DEC 11 PM 2:32  
SECRETARY OF STATE  
TREASURER, FLORIDA