(F	Requestor's Name)		
	Address)		
	Address)		
, (0	City/State/Zip/Phone #)		
PICK-UP	WAIT [MAIL	
(E	Business Entity Name)	_	
(Document Number)			
Certified Copies	Certificates of Sta	atus	
Special Instructions t	to Filing Officer:		
		:	

Office Use Only



900134306669

08/13/08--01008--024 **52.50

Dissolution

TB c/20/04

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JIM VIGUE INSURANCE AGENCY INC
DOCUMENT NUMBER: P 9500091660
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES CHARLES VIGUE (Name of Contact Person)
Jim VIGUE INSURANCE AGENCY INC
(Firm/Company)
8855 COMMODORE DR (Address)
(Address)
SEMINULE 71 33776 (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES (HARLES VIGUE at (787) 595-1928 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\$\subseteq \$\text{\$\tex
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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	nt of State:
	Jim VIGUE INSURANCE AGENCY, INC.	
SECOND:	The document number of the corporation (if known): P950091660	<u></u>
THIRD:	The file date of the articles of incorporation: $\frac{12}{11995}$	1 18
FOURTH:	(CHECK AT LEAST ONE BOX)	2008 AUG 13 SECRETAR
	None of the corporation's shares have been issued.	2
	The corporation has not commenced business.	から、要でいる。
FIFTH:	No debt of the corporation remains unpaid.	ATE A
SIXTH:	The net assets of the corporation remaining after winding up have been disto the shareholders, if shares were issued.	stributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	n incorporator - if
	TAMES C-VIGNE (Typed or printed name of person signing)	•
	PRESIDENT	

Filing Fee: \$35