P95000094252

(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:

Office Use Only

300042759283

11/29/04--01035--007 **35.00

FILED
04 NOV 29 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12/31/04

Voldis w/notice
VB
12/1

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P95000094252

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

Please return all correspondence concerning this matter to the following:

DYANE MAXEY
(Name of Person)

AFFORDABLE INSURANCE AGENCY OF EAST PASCO COUNTY, INC
(Name of Firm/Company)

925 CEDAR DRIVE
(Address)

BROOKSVILLE FL 34601
(City/State/and Zip Code)

For further information concerning this matter, please call:

DYANE MAXEY at (352) 796-2282
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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

FILED
04 NOV 29 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AFFORDABLE INSURANCE AGENCY OF EAST PASCO COUNTY, INC.

SECOND: The document number of the corporation (if known): P95000094252

EFFECTIVE DATE
12/31/04

THIRD: The date dissolution was authorized: 11/26/04

Effective date of dissolution if applicable: 12/31/04
(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 26th day of NOVEMBER, 2004.

Signature: Dyane M. Maxey, V.P. Secretary.
(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)

DYANE M. MAXEY
(Typed or printed name of person signing)

V.P., SECRETARY
(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: AFFORDABLE INSURANCE AGENCY OF EAST PASCO COUNTY, 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:

COMPLETE NAME(S) OF CLAIMANT : DISCLOSURE OF ALL PERTINANT DOCUMENTATION TO BACKUP CLAIM. COMPLETE ADDRESS & PHONE NUMBER OF ALL CLAIMANTS & THEIR REPRESENTATIVES.

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

AFFORDABLE INSURANCE AGENCY OF EAST PASCO COUNTY, INC
925 CEDAR DRIVE
BROOKSVILLE, FL 34601-2214

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.

DYANE M. MAKEY
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