

P96000032652

(Requestor's Name)

(Address)

(City/State)

(Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

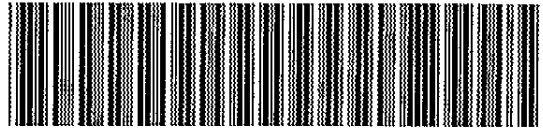
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/09/03--0103T--001 **35.00

FILED
03 DEC -8 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16/03
Diss. w/notice
zf

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P96 0000 32652.

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

Please return all correspondence concerning this matter to the following:

MAZE HABIB

(Name of Person)

FLORIDA LIFE & HEALTH BROKERAGE, INC.

(Name of Firm/Company)

P.O. BOX 160211

(Address)

ALTAMONTE SPRINGS FL. 32716

(City/State/and Zip Code)

For further information concerning this matter, please call:

MAZE HABIB

(Name of Person)

at (386) 532-6234

(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

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:
FLORIDA LIFE & HEALTH BROKERAGE, INC.

SECOND: The document number of the corporation (if known): P96 000032 652.

THIRD: The date dissolution was authorized: 11-30-2003

Effective date of dissolution if applicable: 12-31-2003
(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

100% - ALL SHAREHOLDERS
(voting group)

Signed this 4TH day of DECEMBER, 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)

MAZE HABIB
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

FILED
03 DEC -8 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FLORIDA LIFE & HEALTH BROKERAGE, 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:

AMOUNT OF CLAIM, DATE THE CLAIM WAS INCURRED,
DETAILED DESCRIPTION OF HOW THE CLAIM WAS
INCURRED, DETAILED BREAKDOWN OF EACH ITEM
LISTED ON CLAIM AND PROOF TO SUPPORT IT, THE
NAME, ADDRESS AND TELEPHONE NUMBER OF CLAIMANT.

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

FLORIDA LIFE & HEALTH BROKERAGE, INC.
P. O. BOX 160211
ALTAMONTE SPRINGS FL 32716

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.

MAZE HABIB

Printed Name of the Person Filing

Maze Habib

Signature of the Person Filing