



Claims Services
INCORPORATED

P96000078480

February 25, 2002

Ms. Susan Payne, Senior Section Administrator
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

200005023662--7
-02/27/02--01043--004
*****35.00 *****35.00

Re: Letter Number: 702A00010477

Dear Ms. Payne:

I received and read your letter in which you returned my request to dissolve my corporation CIS Claims Service, Inc. I fully understand that you do not make the rules of your office; you only enforce them.

Having said that, I hope you can understand how ridiculous it seems to me a small business owner and taxpayer, when your agency wants an additional fee to close down a business. This of course follows the initial fee you required to register a business in the first place.

Small business owners like myself are drowning in the never-ending requirement for taxes, fees and more fees. Enclosed is your required \$35 check. Now please put this corporation out of its misery.

Sincerely,

Robert E. Taylor
President

Cc: Honorable Jeb Bush, Governor, State of Florida

FILED
02 FEB 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. Box 2438
Ocala, Florida 34478
2801 S.W. College Rd., Suite 6
Ocala, Florida 34474
www.cisclaims.com
Phone: 352.237.2181
Fax: 352.237.2040
Toll-Free: 800.473.2181

DISS
Spayne
2/28/02



Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Dissolution of CIS Claims Services, Inc.

Dear Sir or Madam:

Please accept this letter and the enclosed Articles of Dissolution as my request for the Dissolution of CIS Claims Service, Inc.; a Florida coporation of which I am the sole shareholder.

I have enclosed the Articles of Dissoulution and have affixed my signature to them in my capacity as the President of the Corporation. Furthermore, let it be known that I am the sole shareholder of the company with sole power to act on its behalf.

Thank you very much for your assistance in this matter.

Sincerely,

Robert E. Taylor
President

P.O. Box 2438
Ocala, Florida 34478
2801 S.W. College Rd., Suite 6
Ocala, Florida 34474
Phone: 352.237.2181
Fax: 352.237.2040
Toll-Free: 800.473.2181
E-Mail: cisbob1@earthlink.net

RECEIVED

FEB 25 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 20, 2002

Robert E. Taylor, President
Combined Insurance Services, Inc.
P.O. Box 2438
Ocala, FL 34478

SUBJECT: CIS CLAIMS SERVICE, INC.
Ref. Number: P96000078480

We have received your document for CIS CLAIMS SERVICE, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 702A00010477

ARTICLES OF DISSOLUTION

FILED
02 FEB 27 AM 11:11
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 is: CIS CLAIMS SERVICE, INC.

SECOND: The date dissolution was authorized: 12/31/2001

THIRD: 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 vote 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 _____ day of February, 2002.

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Robert E. Taylor

(Typed or printed name)

President

(Title)