

P97000021681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

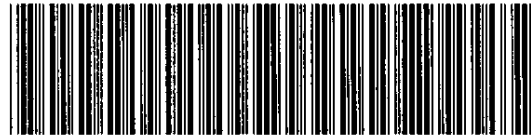
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/22/13--01003--010 **35.00

v/pw/1007

FEB 22 2013

R. WHITE

FILED
13 FEB 22 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMS Catastrophe Training Center Inc

DOCUMENT NUMBER: P97000021681

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

Please return all correspondence concerning this matter to the following:

Elizabeth Ramsey

(Name of Contact Person)

IMS Claim Services Inc

(Firm/Company)

2221 59th Street West

(Address)

Bradenton FL 34209

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Ramsey

(Name of Contact Person)

at (941) 746-3328

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

13 JAN 30 AM 10:51

FILE
DIVISION OF
CORPORATIONS
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

ELIZABETH RAMSEY
IMS CATASTROPHE TRAINING CENTER INC
22221 59TH STREET WEST
BRADENTON, FL 34209

SUBJECT: IMS CATASTROPHE TRAINING CENTER, INC.
Ref. Number: P97000021681

We have received your document for IMS CATASTROPHE TRAINING CENTER, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 613A00002508



COPY

2/15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

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IMS CATASTROPHE TRAINING CENTER INC
22221 59TH STREET WEST
BRADENTON, FL 34209

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Rebekah White
Regulatory Specialist

Letter Number: 613A00002508

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13 FEB 20 AM 8:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Florida Department of State:

IMS Catastrophe Training Center Inc

SECOND: The document number of the corporation (if known): P97000021681

THIRD: The date dissolution was authorized: 12/31/12

Effective date of dissolution if applicable: 12/31/12
(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 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)

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)

Stephen M Ierulli

(Typed or printed name of person signing)

President

(Title of person signing)

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13 FEB 22 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: IMS Catastrophe Training Center 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:

All information necessary to describe and determine
amount of claim.

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

2221 59th Street West
Bradenton FL 34209

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13 FEB 22 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Stephen M Ierulli

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00