

P97000059386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

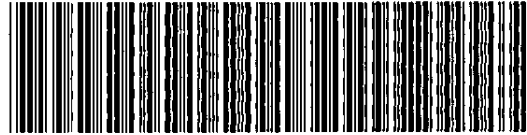
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/20/11--01028--015 \*\*35.00

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2011 JUN 20 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss. w/Notice

TBrown 6-21-11

GARY B. FRESE  
GREGORY S. HANSEN  
J. PATRICK ANDERSON  
LAURA L. ANDERSON  
STEPHEN P. HEUSTON  
ALLAN P. WHITEHEAD  
ERIKA J. MCBRYDE



- BOARD CERTIFIED IN TAX LAW
- BOARD CERTIFIED IN WILLS, TRUSTS AND ESTATES LAW
- BOARD CERTIFIED IN CIVIL TRIAL LAW
- § BOARD CERTIFIED IN REAL ESTATE LAW

June 15, 2011

Florida Department of State  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Hoffman Agency, Inc.  
Doc No.: P97000059386  
Our File No: 210-0472

Dear Sir/Madam:

Enclosed please find Cover Letter, Articles of Dissolution, and Notice of Corporate Dissolution for the captioned corporation. Also enclosed is our firm check in the amount of \$35.00 for the filing fee.

Thank you for your assistance in this matter.

Sincerely,

FRESE HANSEN

Linda M. Ghirardelli, ACP, FRP  
Paralegal to Stephen P. Heuston

/img  
Enclosure as stated  
cc. Jamie A. Bennard, with copy

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jamie A. Bennard

(Name of Contact Person)

The Hoffman Agency, Inc.

(Firm/Company)

3449 Poseidon Way

(Address)

Indialantic, FL 32903

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie A. Bennard

(Name of Contact Person)

at ( 321 ) 223-3435

(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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
2011 JUN 20 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

The Hoffman Agency, Inc.

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

797 000059386

THIRD: The date dissolution was authorized: 6-13-11

Effective date of dissolution if applicable: 6-13-11

(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: Jamie A. Bennard

(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)

Jamie A. Bennard

(Typed or printed name of person signing)

President

(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: The Hoffman Agency, 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:

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

3449 Poseidon Way

Indialantic, FL 32903

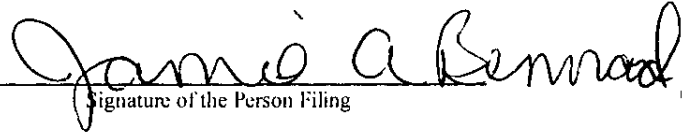
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jamie A. Bennard

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**