## Preston Sorenson PO Box 6457 Deltona, FL 32728-6457

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #)	FILI OR DEC 26 SILURETARY TALLAHASS
2	(Corporation Name)	(Document #)	FILED C 26 AM 8: ETARY OF ST WHASSEE, FLO
3	(Corporation Name)	(Document #)	DRATE 6
4. <u>-</u>	(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Photocopy	☐ Certified Copy ☐ Certificate of Status
	Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A Change of Register Dissolution/Withdr	ed Agent
	THER FILINGS  Annual Report Fictitious Name	REGISTRATION/QU  Foreign Limited Partnership Reinstatement Trademark Other	
			Examiner's Initials

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits size, Fl following articles of dissolution:
FIRST: The name of the corporation is: A ACCURATE AUTO
INSURANCE of KISSIMMEE, INC. 170c#197000059595 SECOND: The date dissolution was authorized: 09/15/00
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
Signed this 20 th day of Sept , 2000.
Signature (By the Chairman or Vice Chairman of the Board, President, or other officer)
RESTON SORENSON. (Typed or printed name)
President (Title)