

P99000046094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

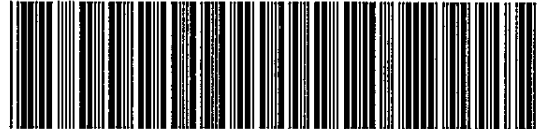
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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less with notice

04/10/06--01002--004 **35.00

FILED
06 APR -7 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De
4/17/06



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
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April 7, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6611662 SO
Customer Reference 1: NA
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Allmerica Investment Insurance Agency Inc. of Florida (FL)
Dissolution
Florida

← file 2nd

Allmerica Investment Insurance Agency Inc. of Florida (FL)
Reinstatement
Florida

← file 1st

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Thank you!
Dewi

RECEIVED
06 APR - 7 AM 11:17
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allmerica Investments Insurance Agency of Florida, Inc.

DOCUMENT NUMBER: 999000046094

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

Please return all correspondence concerning this matter to the following:

Linda L. Luperchio

(Name of Contact Person)

Allmerica Investments Insurance Agency of Florida, Inc.

(Firm/Company)

440 Lincoln Street (E-10)

(Address)

Worcester, MA 01653

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda L. Luperchio

(Name of Contact Person)

at (508) 855-4924

(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
06 APR 27 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State
Allmerica Investments Insurance Agency of Florida, Inc.

SECOND: The document number of the corporation (if known): P99000046094

THIRD: The date dissolution was authorized: March 20, 2006

Effective date of dissolution if applicable: N/A
(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.

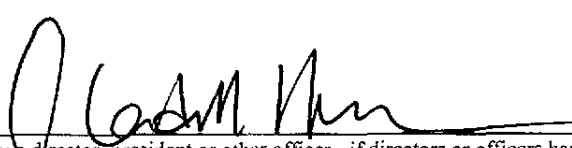
☐ Dissolution was approved by of the shareholders through voting groups.

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

N/A

(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)

J. Kendall Huber

(Typed or printed name of person signing)

Director

(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: Allmerica Investments Insurance Agency of Florida, 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:

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

Attention: Corporate Secretary

Allmerica Investments Insurance Agency of Florida, Inc.

440 Lincoln Street (N-435)

Worcester, MA 01653

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.

Linda L. Luperchio

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