

S94895

N-20662A

STATE FARM INSURANCE COMPANIES
TERENCE J. HANBURY INSURANCE AGENCY, INC.
4561 Okeechobee Blvd., Suite 1
West Palm Beach, Florida 33417
Phone: Business: (561) 684-3077 Fax: (561) 684-3083
Terry.Hanbury.BXLV@StateFarm.com

☐ PICK-UP ☐ WAIT ☐ MAIL

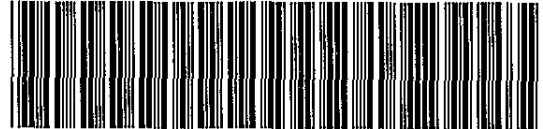
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600024421136

12/08/03--01009--014 **35.00

*Effective date
1-1-04*

201 dis

FILED
03 DEC -5 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL 32305



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 25, 2003

TERENCE J. HANBURY INSURANCE AGENCY, INC.
754 CABLE BEACH LANE
NORTH PALM BEACH, FL 33410

SUBJECT: TERENCE J. HANBURY INSURANCE AGENCY, INC.
Ref. Number: S94895

We have received your document for TERENCE J. HANBURY INSURANCE AGENCY, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Please sign and return your check along with this document in order to complete your filing.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 703A00063846

RECEIVED
03 DEC -4 AM 9:40
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: \$ 94895

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

Please return all correspondence concerning this matter to the following:

TERENCE J. HANBURY
(Name of Person)

(Name of Firm/Company)

754 CABLE BEACH LANE
(Address)

NORTH PALM BEACH, FLORIDA 33410
(City/State/and Zip Code)

For further information concerning this matter, please call:

TERENCE HANBURY at (561) 630-1987
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

TERENCE J. HANBURY INSURANCE AGENCY, INC.

SECOND: The document number of the corporation (if known): 594895

THIRD: The date dissolution was authorized: 11/19/2003

Effective date of dissolution if applicable: 1/1/2004
(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

1 (ONE)
(voting group)

Signed this 19th day of NOVEMBER, 2003.

Signature: Terence J. Hanbury

(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)

TERENCE J. HANBURY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35