

V50541

(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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Office Use Only



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12/28/06--01011--009 \*\*52.50

RECEIVED DATE  
3-21-07

VO/Withhold

FILED  
06 DEC 28 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. Roberts JAN 04 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** V50541

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

Please return all correspondence concerning this matter to the following:

Herbert A. Wells Jr.

(Name of Contact Person)

Herb Wells Insurance Agency, Inc.

(Firm/Company)

6142 Miramar Parkway Ste. D

(Address)

Miramar, Florida 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

Herbert A. Wells Jr.

(Name of Contact Person)

at ( 954 ) 964-2010

(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

EFFECTIVE DATE  
3-31-07

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:  
Herb Wells Insurance Agency, Inc.

SECOND: The document number of the corporation (if known): V50541

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

Effective date of dissolution if applicable: March 31, 2007

(no more than 90 days after dissolution file date)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

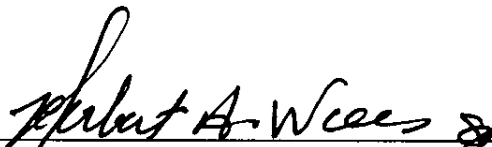
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

NA

(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)

Herbert A. Wells Jr.

(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: Herb Wells Insurance 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:

Written notice stating date, place, names of claimant(s), facts  
supporting claim(s), and return address of claiming parties.

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

Herbert A. Wells Jr.

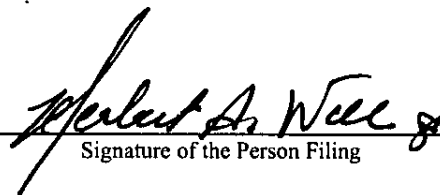
PO Box 1209

Ft. Lauderdale, FL 33302-1209

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.

Herbert A. Wells Jr

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**