

V56034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

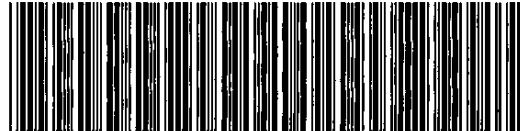
(Business Entity Name)

(Document Number)

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06 AUG 14 AM 10:00  
TALLAHASSEE, FLORIDA

Ant Diss / AUS  
10, 8/22/06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION

**DOCUMENT NUMBER:** V56036

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

Please return all correspondence concerning this matter to the following:

W. J. TREMBLAY

(Name of Contact Person)

TAX HELP INC.

(Firm/Company)

1801 S. FEDERAL HWY. STE # 219

(Address)

DELRAY BEACH, FL. 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

W. J. TREMBLAY

(Name of Contact Person)

at ( 561 ) 243-6355

(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:

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

PROFESSIONAL COVERAGE SERVICES, INC.

SECOND: The document number of the corporation (if known): 156036

THIRD: The date dissolution was authorized: 12/31/05

Effective date of dissolution if applicable: 12/31/05  
(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

\_\_\_\_\_  
(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)

JAMES ORŁOWSKI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED  
06 AUG 14 AM 10:00  
TALLAHASSEE, FLORIDA