

P99000014514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

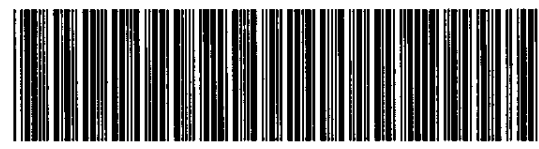
(Business Entity Name)

(Document Number)

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Any Diss/cc
@ 3/13/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EASTWOOD INSURANCE AGENCY OF FLORIDA, INC.

DOCUMENT NUMBER: P99000014514

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

Please return all correspondence concerning this matter to the following:

James N. Knight, Esq.

(Name of Person)

Law Offices of James N. Knight

(Name of Firm/Company)

9900 Research Drive

(Address)

Irvine, CA 92618

(City/State/and Zip Code)

For further information concerning this matter, please call:

James N. Knight

(Name of Person)

at (949) 502-6699

(Area Code & Daytime Telephone Number)

Fax: (949) 743-1008

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 Florida Department of State:
EASTWOOD INSURANCE AGENCY OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): P99000014514

THIRD: The date dissolution was authorized: March 1, 2014

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.

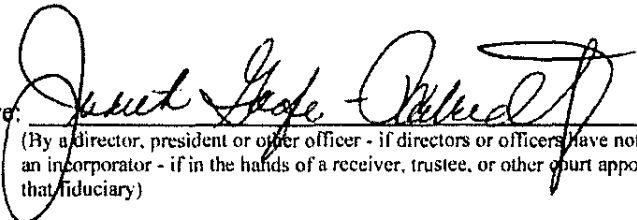
Dissolution was approved by of the shareholders through voting groups.

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

_____ (voting group)

Signed this 5 day of March, 2014.

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)

Judith Garfi-Partridge
(Typed or printed name of person signing)

Chairman of the Board of Directors, Eastwood Insurance of Florida, Inc.
(Title of person signing)

Filing Fee: \$35

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