## P08000015791

(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Red	questor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	. (Add	dress)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•		•
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	dress)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City	//State/Zip/Phone	e #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
(Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	(Bus	siness Entity Nan	ne)
Certified Copies Certificates of Status	•	•	,
Certified Copies Certificates of Status	(Doc	cument Number)	
	(500	ournementaliser,	
	0 85 10 3	0.00	
Special Instructions to Filing Officer:	Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:			
	Special Instructions to F	Filing Officer:	

Office Use Only



400167644704

03/01/10--01055--021 \*\*43.75

M) MALL

10 MAR - I PM 1:57

Andaria MAR 0 4 2010

## **COVER LETTER**

Division of Corporations
SUBJECT: Disolving Corporation
DOCUMENT NUMBER: P080000 157 9 1
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James E. Gierschke (Name of Contact Person)
Auto Impressions of Tampa Bay
18202 Fox Trace Court (Address)
Lutz, FL 33549 (City/State and Zip Code)
For further information concerning this matter, please call:
Tames Gierschke at (813) 909-8505  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & \$\bigs\\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Auto Impressions of Tampa Bays Inc
SECOND:	The document number of the corporation (if known): PO 8 0000 1579
ГHIRD:	The file date of the articles of incorporation: 2/12/2008
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Tames Gierschke (Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35