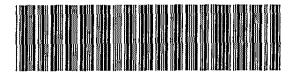
## P94000048891

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
	ty/State/Zip/Phone	- 47
(Ci	ty/State/Zip/Pnone	9 #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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October 16, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

1 am enclosing articles of dissolution for Brother's Auto Care, Inc., P94000048891, and a check for the \$ 35.00 filing fee.

Please process and send reply to Daniel Haddad, 1839 N. Main St., Jacksonville, FL 32206.

My telephone number is 904-356-3931.

Daniel Haddad

Brother's Auto Care 1839 N. Main St. Jacksonville, FL 32206

## ARTICLES OF DISSOLUTION

FILED

03 OCT 20 PM 12: 23

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the SEE, FLORIDA following articles of dissolution:

FIRST:	The name of the corporation is: BROTHERS AUTO CARE, INC.		
SECOND:	The date dissolution was authorized: /0/16/2003		
THIRD:	Adoption of Dissolution (CHECK ONE)		
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.		
☐ Dis	solution was approved by vote of the shareholders through voting groups.		
	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:		
The	number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
Sign	ed this 17th day of October, 2003.		
Signature	Dandalas		
	(By the Chairman or Vice Chairman of the Board, President, or other officer)		
	DANIEL HADDAD (Typed or printed name)		
	DRESIDENT (Title)		