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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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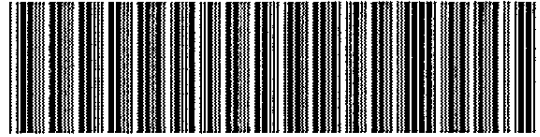
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*D.S.S.*  
*SS*

BASIC ACCOUNTING SERVICES INC.

Requestor's Name  
692 W. 29 St. Ste #9

Address  
Hialeah Florida 33012

City State Zip  
305 887 4185

Phone#

CORPORATION NAME

Tony Cabs Towing Corp

- PROFIT CORPORATION       NON PROFIT CORPORATION  
 LIMITED PARTNERSHIP       ANNUAL REPORT       RESERVATION  
 REINSTATEMENT       OTHER *Dissolution*  
 CERTIFIED COPY       PHOTO COPIES       CERTIFICATE UNDER SEAL  
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**ARTICLES OF DISSOLUTION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_ TONY CABO TOWING CORP \_\_\_\_\_

SECOND: The date dissolution was authorized 11-30-06

THIRD : Adoption of Dissolution ( CHECK ONE)

Dissolution was approved by the shareholders. the number of votes cast for dissolution was sufficient for aproval.

Dissolution was approved by the vote of the shareholders through voting groups.

The followig 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 was sufficient for aprovalty

\_\_\_\_\_  
(voting group)

Signed this 30 th. day of November 20<sup>06</sup>

Signature

*Jesus Cabo*

(By the Chairman or Vice Chairman of the Board, President, or other officer)

JesusA.Cabo

\_\_\_\_\_  
(Typed or printer name)

DIRECTOR

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