105000167041

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	,
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: MAV AUTO INC DOCUMENT NUMBER: POSOCO167041			
Please return all correspondence concerning this matter to the following:			
Maria Vergara (Name of Contact Person)			
(Firm/Company) 4020 Waters Ave. (Address)			
Tampa, FL 33614 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Muria Vergaro at (813) 890 8200 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:			
\$35 Filing Fee \$\Bar{\text{S43.75 Filing Fee & B43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\Bar{\text{S43.75 Filing Fee & B43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)} \$\Bar{\text{C43.75 Filing Fee & B43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)}			
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

DIVISION OF CORPORATIONS

2007 JAN 15 DO STATE

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following attigles 3 of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	MAY AUTO, INC		
SECOND:	The document number of the corporation (if known): 755000167041		
THIRD:	The date dissolution was authorized: 12-30-06		
	Effective date of dissolution if applicable: (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 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		
	President / Vice President		
	Signature: (By a director, president of 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)		
	Maria F. Vergara (Typed or printed name of person signing)		
	President Director. (Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MAUAUTO	•
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.	
Description of information that must be included in a claim:	
NAME - REASON FOR	CLAIM
ADDRESS -	
CLAIM INFORMATION	, —
COMPANY NAME & PHONE	
AMOUNT	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations))
4020 W Waters Ave	•.
Tampa F1 336/4	· · · · · · · · · · · · · · · · · · ·
	
A claim against the above named corporation will be barred unless a proceeding to enforce the cla within 4 years after the filing of this notice.	im is commenced
F. VERGANA	 -
Printed Name of the Person Filing Signature of the Person F	iling

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00