

H10919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

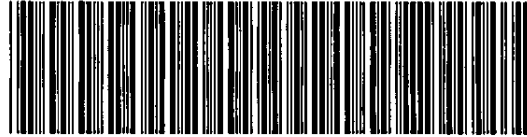
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/14--01048--021 **35.00

SEP 12 2014
T. CARTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP - 1 PM 2:40

Dissolution

Date:

To: Amendment Section
FL Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Articles of Dissolution
Live Oak Auto Supply, Inc.
Document Number H10919

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

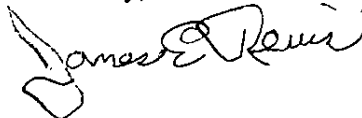
Please return all correspondence concerning this matter to:

James E Rewis
740 Darrow Ave. SE
Live Oak, FL 32064

(386) 362-4911

Enclosed is a check in the amount of \$35.00 for the filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read "James E. Rewis", with a stylized flourish at the end.

James E. Rewis

Enclosures:
Articles of Dissolution
Check/\$35.00

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:

Live Oak Auto Supply, Inc.

SECOND: The document number of the corporation (if known): H10919

THIRD: The date dissolution was authorized: 9/15/14

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

(voting group)

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)

President/Director

James E. Rewis

(Typed or printed name of person signing)

President/Director

(Title of person signing)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP - 1 PM 2:40

Filing Fee: \$35