

M94878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

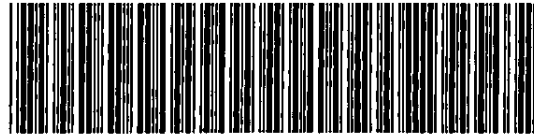
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/30/07--01042--004 **35.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____ Corporation Dissolution _____

DOCUMENT NUMBER: _____ M94878 _____

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

Please return all correspondence concerning this matter to the following:

James N. Chance

(Name of Contact Person)

Son's Tire Center, Inc

(Firm/Company)

504 N Hubbard Street

(Address)

Bonifay, Florida 32425

(City/State and Zip Code)

For further information concerning this matter, please call:

James N. Chance

(Name of Contact Person)

at (850) 547- 2348

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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following articles

On date

FIRST: The name of the corporation as currently filed with the Florida Department of State.

SECOND: The document number of the corporation (if known): M94878

THIRD: The date dissolution was authorized: April 23, 2007

Effective date of dissolution if applicable: April 30, 2007

FOURTH: Adoption of Dissolution (CHECK ONE)

- 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)

James N. Chance

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35