

PO1000108823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

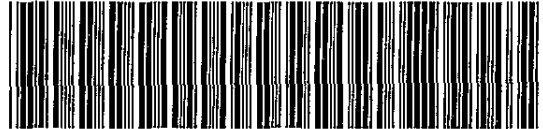
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dis.

G. Gouffette

MAR 02 2006

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JMR Trucking Partners INC

DOCUMENT NUMBER: PO1000108823

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

Please return all correspondence concerning this matter to the following:

LILIA SIERRA

(Name of Contact Person)

JMR Trucking Partners INC

(Firm/ Company)

382 WEKIVA COVE RD

(Address)

LONGWOOD FL 32779-5645

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

LILIA SIERRA

(Name of Contact Person)

at ( 407 ) 865-6592

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

## 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:

J M R Trucking PARTNERS, INC

SECOND: The document number of the corporation (if known): PO 1000108823

THIRD: The date dissolution was authorized: 12/31/05

Effective date of dissolution if applicable: 12/31/05  
(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 of 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: X

[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)

X

Lilia A. Sierra President

(Typed or printed name of person signing)

X

President

(Title of person signing)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2006 FEB 22 AM 10:34

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