

PO2000018537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

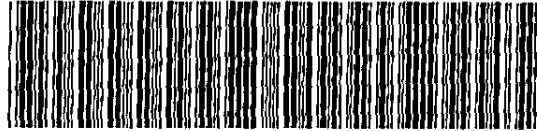
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800047730918

03/08/05--01058--011 **52.50

FILED
05 MAR -8 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss w/Not.

C. Coulliette MAR 15 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 00200018537

DOCUMENT NUMBER: 0020000 18537

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

Please return all correspondence concerning this matter to the following:

Byfield Birch
(Name of Person)

Allstate Automotive Inc
(Name of Firm/Company)

4360 NW 13th
(Address)

Lauder Hill FL 33313
(City/State/and Zip Code)

For further information concerning this matter, please call:

Byfield Birch at (954) 533-1190
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 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 Department of State:

Allstate Automotive INC

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

P02000018537

THIRD: The date dissolution was authorized:

2/15/05

Effective date of dissolution if applicable:

2/15/05

(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 vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this

13

day of

FEBRUARY

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)

Byfield BIRCH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
02 MAR -8 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Allstate Automotive INC. Incorporated

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:

DATE OF WORK who Did The WORK
AND AMOUNT OF Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4360 NW 13th
Lauder Hill FL 33313

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Byfield Birch

Printed Name of the Person Filing

B. Birch

Signature of the Person Filing

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