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COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: H, R & A TRUCKING INC			
SUBJECT: H, R & A TRUCKING INC DOCUMENT NUMBER: PO2 0000 45106			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
HEETOR R ALONSO			
(Name of Contact Person) HREA TRUCKING INC			
Firm/Company) 310 NW 99 WAY			
PEMBROKE PONOS FR			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
Striling Fee \$\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$52.50 \text{ Filing Fee, }\bigcup \bigcup \b			
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

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 HREATRUCKING, INC	State:
SECOND:	• , ,	106
THIRD:	The date dissolution was authorized: 9-29-2009	
	Effective date of dissolution if applicable: 9-29-2009 (no more than 90 days after dissolution fi	le date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	titleà
	The number of votes cast for dissolution was sufficient for approval by	
	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) (Typed or printed name of person signing) (Title of person signing)	SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 OCT -1 PM 1: 50

Filing Fee: \$35