## P03000115038

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: ARTICLES of DISSOLUTION		
DOCUMENT NUMBER: <u>P03000115038</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Danield Bentley		
(Name of Contact Person)		
A-AA HOP/IANCE KEDMR. COM INC		
(Firm/Company)		
3032 KAIN FOREST PLACE		
(Address)		
KAMO O'KAKES, IN 34637		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (813) 1/3-8044 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
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MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 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 State:
	A AA HADLIANCE REPAIR COM, INC
SECOND:	The document number of the corporation (if known): 103000/15038
THIRD:	The date dissolution was authorized: 6-30-08
	Effective date of dissolution if applicable: 7-3/-08  (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)  HASSEE, FLO
	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
	(Typed or printed name of person signing)
	RESIDETVI (Title of person signing)

Filing Fee: \$35