## P0400020529

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Secretar Destructions to Silver Officer |
| Special Instructions to Filing Officer: |
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Office Use Only



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05/22/06--01080--001 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

PS Shaloso

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |  |
|--|--|
| SUBJECT: A & A HOME REPAIRS ALL WAYS   | S, INC   |
| D0.400000500   |  |
| DOCUMENT NUMBER: P04000020529  |  |
| The enclosed Articles of Dissolution and fee are submit  | tted for filing.   |
| Please return all correspondence concerning this matter t  | to the following:  |
| JAIR AGUIRRE IDARRAGA  |  |
| (Name of Contact Person  | on)  |
| A & A HOME REPAIRS ALL WAYS, INC   |  |
| (Firm/Company)   |  |
| 7932 SAPPHIRE LANE   |  |
| (Address)  |  |
| ORLANDO, FLORIDA 32807   |  |
| (City/State and Zip Co   | ode)   |
| For further information concerning this matter, please ca  | all:   |
| JAIR AGUIRRE IDARRAGA at ( 32  |  |
| (Name of Contact Person) (A  | Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |  |
| ✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certified C (Additional enclosed) | Copy Certificate of Status & Certified Copy  |
| 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

## 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 & A HOME REPAIRS ALL WAYS INC.   |                    |                       |
| SECOND: | The document number of the corporation (if known): P04000020529  |                    |                       |
| THIRD:  | The date dissolution was authorized: 12/31/2005  |                    |                       |
|         | Effective date of dissolution if applicable: 12/31/2005  (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 dissolu         | ıtion                 |
|         | 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  | 06 MAY 2           | SECRETA<br>IVISION OF |
|         | (voting group)   | 06 MAY 22 PM 3: 17 | CORPORATION           |
|         | 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) | ~                  | জ                     |
|         | JAIR AGUIRRE IDARRAGA (Typed or printed name of person signing)  |                    |                       |
|         | (1) year or printer name or person signing)  |                    |                       |
|         | PRESIDENT  |                    |                       |
|         | (Title of person signing)  |                    |                       |

Filing Fee: \$35