

P04000024438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

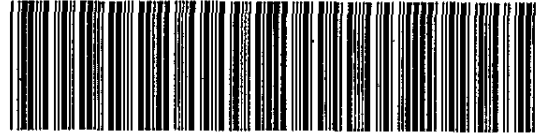
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200039943552

08/09/04--01076--004 **35.00

FILED
04 AUG -9 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN AUG 13 2004

Belair Services, Inc.
1633 E. Vine Street, Suite 207
Kissimmee, FL 34743
Tel. (407) 944-9262

August 05, 2004

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314


I am sending the Article of Dissolution for the following Business:

Los Boricuas Car Hospital, Inc.

Also, I am enclosing a check in the amount of \$35.00 to cover your fees for the corporation.

Should you have any question concerning the above, do not hesitate to contact us.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Luis R. Calderon', with a long horizontal flourish extending to the right.

Mr. Luis R. Calderon
Accountant

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the Corporation:

LOS BORICUAS CAR HOSPITAL, INC.
P04000024438

SECOND: The filing date of the articles of incorporation was: **01/29/2004**

THIRD (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholder's, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

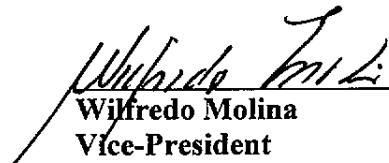
☐ A majority of the directors authorized the dissolution.

Signed this 05 day of AUGUST, 2004

Signature:

Name:

Title:


Wilfredo Molina
Vice-President

FILED
04 AUG - 9 PM 14:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA