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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

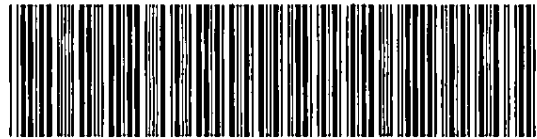
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL -6 AM 10:15
CUSHING

*Dissolution
w/ notice*

SEP 14 2022

D CUSHING

June 27, 2022

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

Subj: Incorporation of A.A. SNOWBIRD AUTO SALES AND SERVICE,
INC.

Dear Sir:

Enclosed please find the following:

1. The original and one copy of the Articles of Dissolution for the subject corporation. Please certify one copy and return it to the undersigned.
2. My check in the amount of \$35.00 to cover the filing fees.

Kindly acknowledge filing of these Articles of Dissolution in compliance with Florida law and return the certified copy of the Articles of Dissolution to the undersigned at Atlantic Nonlawyer Services, Inc., 1592 N. Highway 1A, Satellite Beach, Florida 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Sincerely,


ANTONIO CARMELO GAGLIARDI, JR.

2022 JUN 28 10:15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.A. SNOWBIRD AUTO SALES AND SERVICE, INC.

DOCUMENT NUMBER: 04000050492

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

Please return all correspondence concerning this matter to the following:

NADEAN C. GREGOR

(Name of Contact Person)

ATLANTIC NONLAWYER SERVICES, INC.

(Firm/Company)

1592 N. HIGHWAY A1A

(Address)

SATELLITE BEACH, FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

NADEAN C. GREGOR

(Name of Contact Person)

at (321- 773-2020

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. SNOWBIRD AUTO SALES AND SERVICE, INC.

SECOND: The document number of the corporation (if known): P04000050492

THIRD: The date dissolution was authorized: June 23, 2022

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

ANTONIO CARMELO GAGLIARDI, JR.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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: A.A. SNOWBIRD AUTO SALES AND SERVICE, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Complete information regarding any claim which shall include the exact date.

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

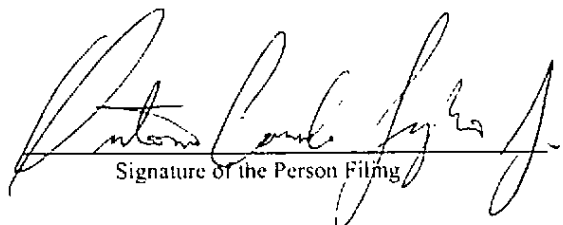
2277 Lakeview Drive

Melbourne, FL 32935

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.

ANTONION CARMELO GAGLIARDI, JR.

Printed Name of the Person Filing


Signature of the Person Filing