P04000073002

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10 APR 12 PM 2: 03

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolu from	of Corporation
DOCUMENT NUMBER: Po4	1000073002
The enclosed Articles of Dissolution and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	LAGMIRI ontact Person)
-Master (Firm)	Automotive Detril Inc.
2502 Avia (Add CAPE CORAL (City/State	thion PRWy dress) FLORIBA 33904 e and Zip Code)
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (839) 281-3802 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	t:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\$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 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 Master Automotive Detail, Inc.	nt of Sta	ıte:	
SECOND:	The document number of the corporation (if known): Po4000	- 730	ರಿಷ	
THIRD:	The date dissolution was authorized:	!		
	Effective date of dissolution if applicable: April 5,201	ution file d	ate)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	ast for d	lissolu	ıtion
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting grout to vote separately on the plan to dissolve:	up entitl	ed	
	The number of votes cast for dissolution was sufficient for approval by	ALLAHASS	10 APR 12	
	(voting group)	Y OF STATE SEE. FLORIDA	PM 2: 03	1
	Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)			
	(Typed or printed name of person signing)	_		
	(Title of person signing)	_		

Filing Fee: \$35