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(((H160001570113)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

: (305)397-8553

Phone

Fax Number : (305)397-8521

DISSOLUTION OR WITHDRAWAL BECERRA GENERAL MECHANIC & TIRE CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Amendment Section

TO:

ATX1

COVER LETTER

H160001570113

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Division of Corporations
SUBJECT: BECERRA GENERAL MECHANIC & TIRE CARE, INC.
DOCUMENT NUMBER: P04000098437
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PEDRO BECERRA
(Name of Contact Person)
BECERRA GENERAL MECHANIC & TIRE INC.
(Firm/Company)
7601 E TREASURE DR APT 1605
(Address)
NORTH BAY VILLAGE, FL 33141
(City/State and Zip Code)
For further information concerning this matter, please call:
PEDRO BECERRA at (786) 286-7146
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is

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

enclosed)

ATX1

ARTICLES OF DISSOLUTION

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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:			
	BECERRA GENERAL MECHANIC & TIRE INC.			
SECOND:	The document number of the corporation (if known):	P04000098437		
THIRD:	The date dissolution was authorized:	6/28/2016		
	Effective date of dissolution <u>If applicable</u> :	6/28/2016 re than 90 days after dissolution fil	In data)	
	Note: If the date inserted in this block does not meet the applicable statu- not be listed as the document's effective date on the Department of State	tory filing requirements, this date i		
OURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. dissolution was sufficient for approval.	The number of votes cast	t for	
	Dissolution was approved by the shareholders the	nrough 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 sufficien	nt for approval by	16 JUA	
	(voting group)	SEE.	W 28	
		FLOR	2	
	Simply	57	<u> </u>	
	Signature: (By ardirector, president or other officer If directors or officer an incorporator - if in the hands of a receiver, trustee, or other that fiduciary)	ers have not been selected, by er court appointed fiduciary, by		
	PEDRO BECERRA			
	(Typed or printed name of person signing)	•		
	PRESIDENT			
	(Title of person signing)			

ATX1

Filing Fee: \$35

Notice of Corporate Dissolution

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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: BECERRA GENERAL MECHANIC & TIRE INC. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: BRIEF INFO ABOUT CLAIM AND CONTACT INFO. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 7601 E TREASURE DR SUITE 1806 NORTH BAY VILLAGE FL 33141 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. PEDRO BECERRA

Signature of the Person Filing

Printed Name of the Person Filing