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(Re	questor's Name)			
(Ad	dress)			
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: DISSOLUTION OF FLORIDA	CORPORATION
DOCUMENT NUMBER: POSOSSO	0938
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
PETE ERCOLINO	
(Name of Contact P	erson)
PREFERRED LIMOUSINES OF SOUT	H FLORIDA, INC
(Firm/Compan	ny)
PO BOX 15443	
(Address)	
PLANTATION, FLORIDA 33318	
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
	954) 818-0660
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	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:			
	PREFERRED LIMOUSINES OF SOUTH FLORIDA, INC			
SECOND: THIRD:	The document number of the corporation (if known): P0500000428 The date dissolution was authorized: DECEMBER 1, 2006			
inko,				
	Effective date of dissolution <u>if applicable</u> : DECEMBER 31, 2006 (no more than 90 days after dissolution file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	Dissolution was approved by 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			
	(voting group)			
	TORIDA PLORIDA			
	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)			
	PETE ERCOLINO			
	(Typed or printed name of person signing)			
	PRESIDENT/CEO			
	(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 Corp	oration: PREFERRED LIMOU	JSINES OF SOUTH FLORIDA, INC	;
	ution will be the date the dissolution is fine Articles of Dissolution.	led with the Department of State or as	
Description of	information that must be included in a c	laim:	
	·	,	**************************************
			
Mailing addres		anot be sent to the Division of Corporations) IES OF SOUTH FLORIDA, INC	
	PO BOX 15443		
	PLANTATION, FLORIDA	33318	
	st the above named corporation will be be after the filing of this notice.	arred unless a proceeding to enforce the claim is con	nmenced
•		21.	
PETE ER	COLINO	THAI	
FEIECK	Printed Name of the Person Filing	Signature of the Person Filing	
	•		

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00