(Re	equestor's Name)		
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## · COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF MAXIMUS Auto PARTS INC.
DOCUMENT NUMBER: P05000112645
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JESSE A. SCHAFFER (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
233 LONG POND ROAD.
233 LONG POND ROAD.  (Address)  WADING RIVER, NY 11792  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TESSE A: SCHAFFER at (516) 357-0992  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{\$\subseteq\$ \$\text{\$\}\$}}}\$}}}}}}}}}}} \$\text{\$\text{\$\text{\$\text{\$\tex{
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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	ent of State	<b>e:</b>	
	MAXIMUS AUTO PARTS INC.			
SECOND:	The document number of the corporation (if known): P05000	1126	45	_
THIRD:	The date dissolution was authorized: $0/-21-2008$			_
	Effective date of dissolution if applicable: 02-29-2008 (no more than 90 days after disso	lution file date	e) .	<del>-</del>
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for dis	ssolutio	эn
	Dissolution was approved by the shareholders through voting groups	i.		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	up entitled	1	
	The number of votes cast for dissolution was sufficient for approval by	SECRE TA	7009 FEB 26	
	(voting group)	الناحية	-	1
		FLORIDA	AH 10: 57	Ċ
	Signature:  (By director, president or other officer if directors or officers have not been selected in incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	, by , by		
	TESSE A. SCHAFFER (Typed or printed name of person signing)	_		
	PRESIDENT/SECRETARY			
	(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. 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: NAME, ADDRESS PHONE # DESCRIPTION OF CLAIM, Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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