P05000163463

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<u> </u>
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SECRETARY OF STATE
TALL AHASSEE OF STATE

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Responsible Auto Repair Association	ciation, Inc.
DOCUMENT NUMBER: P05000163463	
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Robert Skrob	
(Name of Contact Person	on)
Dononcible Auto Donois Association, Inc.	_
Responsible Auto Repair Association, Inc (Firm/Company)	
(Finite Company)	
335 Beard Street	
(Address)	.
Tallahassee FL 32303	
(City/State and Zip Co	ode)
•	•
For further information concerning this matter, please ca	all:
Robert Skrob at (8	50 ₎ 222-6000
	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Fi	ling Fee & \$\sum \$52.50 Filing Fee,
Certificate of Status Certified (• •
(Additiona	
enclosed)	(Additional copy is enclosed)
MAILING ADDDESS.	,
MAILING ADDRESS: Amendment Section	STREET ADDRESS: 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:
	Responsible Auto Repair Association,Inc.
SECOND:	The document number of the corporation (if known): P05000163463
THIRD:	The date dissolution was authorized:
	Effective date of dissolution <u>if applicable:</u> (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) FLORID OF STATE ORIGINATION OF STATE OF STATE
	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)
	Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35