

P06000043639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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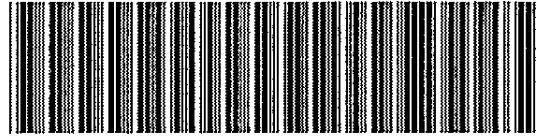
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D.S.S.  
SR

BASIC ACCOUNTING SERVICES INC.

Requestor's Name

692 W. 29 St. Ste #9

Address

Hialeah

Florida

33012

City

State

Zip

305 887 4185

Phone#

CORPORATION NAME

Tony Cabs Towing Corp

☐ PROFIT CORPORATION

☐ NON PROFIT CORPORATION

☐ LIMITED PARTNERSHIP

☐ ANNUAL REPORT

☐ RESERVATION

☐ REINSTATEMENT

☒ OTHER

Dissolution

☐ CERTIFIED COPY

☐ PHOTO COPIES

☐ CERTIFICATE

UNDER SEAL

☐ WALK IN ☐ WILL WAIT ☐ MAIL OUT ☐ CALL ☐ AFTER 30

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Verifier

Acknowledgment

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ARTICLES OF DISSOLUTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution.

FIRST: The name of the corporation is \_\_\_\_\_

\_\_\_\_\_ TONY CABO TOWING CORP. \_\_\_\_\_

SECOND: The date dissolution was authorized 11-30-06

THIRD : Adoption of Dissolution ( CHECK ONE)

☒ Dissolution was approved by the shareholders. the number of votes cast for dissolution was sufficient for aproval.

☐ Dissolution was approved by the vote of the shareholders through voting groups.

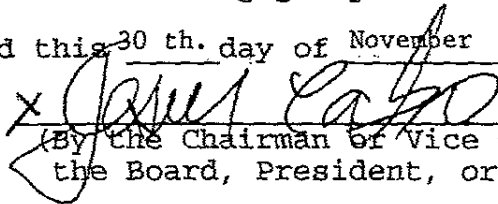
The followig statement must be separately provided for each voting group entiled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was was sufficient for aprovalty

\_\_\_\_\_  
(voting group)

Signed this 30 th. day of November 20<sup>06</sup>

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

JesusA.Cabo

(Typed or printer name)

DIRECTOR

(Title)