

P06 000053898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

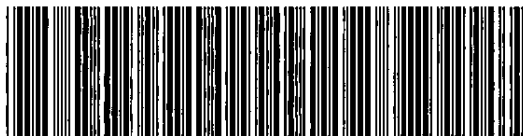
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/10--01019--010 \*\*35.00

FILED  
10 MAY -3 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Vol 13*

RECORDED MAY 05 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2010

ROBERT L. ELLRODT  
MINNEOLA AUTO PARTS, INC.  
481 EAST MINNEHAHA AVE.  
CLERMONT, FL 34711

SUBJECT: MINNEOLA AUTO PARTS, INC.  
Ref. Number: P06000053898

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

The entity's date of incorporation/organization must be listed in the document.

The document must state either: (1) None of the corporation's shares have been issued OR (2) The corporation did not commence business.

THE ABOVE INFORMATION MUST BE COMPLETED IF FILING 607.1401, F.S. OR IF FILING THE DISSOLUTION PURSUANT TO 607.1403, THE FOLLOWING MUST BE INCLUDED: ONE OF THE BOXES IN SECTION FOURTH-ADOPTION OF DISSOLUTION MUST BE SELECTED.

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 010A000103

RECEIVED  
2010 MAY -3 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Business

**DOCUMENT NUMBER:** P06000053898

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT L ELLRODT

(Name of Contact Person)

MINNEOLA AUTO PARTS, INC

(Firm/Company)

481 E MINNEHAHA AVE

(Address)

CLERMONT FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L ELLRODT

(Name of Contact Person)

at ( 407 ) 466-4999

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

MINNEOLA AUTO PARTS, INC.

SECOND: The document number of the corporation (if known): P06000053898

THIRD: The file date of the articles of incorporation: 04/14/2006

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

ROBERT L ELLRODT

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35