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(Document Number)
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CHELLARY OF STATE

T. Roberts AUG 222

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT:	<u> </u>
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Grebory PAUL 1 (Name of Contact P	10STETLER
(Name of Contact P	erson)
(Firm/Compar	ny)
•	
17/0 LIANG AVE X	1076 #901
,	
JACKSONVILL FL	3660
(City/State and Zip	Code
For further information concerning this matter, pleas	e call:
	424-1103
Gregory P Hospitler all	904) 246 095 / (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	5 Filing Fee & S52.50 Filing Fee, ed Copy 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 607.1403, 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:							
	HOSTETUR CARS OF TACKSONUILLE	-, Th	<i>اد</i> .	-				
SECOND:	The document number of the corporation (if known):							
THIRD:	The date dissolution was authorized: July 6, 2007							
	Effective date of dissolution if applicable: Tuly 6, 2007 (no more than 90 days after dissolution	ı file date)						
FOURTH:	Adoption of Dissolution (CHECK ONE)							
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	olutio	1				
	Dissolution was approved by the shareholders through voting groups.							
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled	0					
	The number of votes cast for dissolution was sufficient for approval by	LLAHAS	7 AUG 1					
	(voting group) 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)	ARY OF STATE ASSEE, FLORIDA	07 AUG 17 PM 3: 02					
	President (Title of person signing)							
	(rate or berson righting)							

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 Corpo	ration:	Ho	STITLE	CATS	of	TACIC	sonville,	TNC
Date of dissolut specified in the			ution is filed wi	th the Depar	tment of	State or as	·	
Description of i	nformation that	must be inclu	ded in a claim:					
						<u> </u>		_
								
						· · · · · · · · · · · · · · · · · · ·		 .
						<u> </u>		 -
Mailing address	where claims ca	·				•	-	
		1570	LANE AUS JACKSONVIL	South	, 901			-
			JACK Son Vil	se pe)ZZ(' Q	_	
								-
A claim against within 4 years a			will be barred o	ınless a proc	eeding to	enforce the	claim is commer	iced
	Grefor 9 Printed Name of	Sarl f	to stirter		Signal	use of the Perso	on Filing	
			~				-	

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