P07000031500

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(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocanient Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

JAN 0 2 ZOYZ T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Gears Transport E	Express Inc
DOCUMENT NUMBER: P07000031	500
The enclosed Articles of Dissolution and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Gerardo A	Arias
(Name of Contact	
Gears Transport	
(Firm/Comp	
16246 sw 58th	
(Address)	`
Miami, FL 3	
(City/State and Z	Zip Code)
For further information concerning this matter, ple	ase call:
	989-8881
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	•
Certificate of Status Cert (Add	.75 Filing Fee & \$\square\$ \$\$52.50 Filing Fee, ified 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 FILES
Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Gears Transport Express, Inc
SECOND:	The document number of the corporation (if known): P07000031500
SECOND.	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 12/31/2011
	Effective date of dissolution <u>if applicable</u> : 12/31/2011 (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)
	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)
	Gerardo Arias
	(Typed or printed name of person signing)
	President
	(Title of purson 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.

specified in the Articles of D	e date the dissolution is filed with the Department of State or as issolution. Lat must be included in a claim:
Description of information the	at must be included in a claim:
Mailing address where claim	s can be sent: (Claims cannot be sent to the Division of Corporations)
	Gerardo Arias
	16246 SW 58th Terrace
,	Miami, FL 33193
A claim against the above na within 4 years after the filing	med corporation will be barred unless a proceeding to enforce the claim is commence of this notice.
Gerardo Arias	e of the Person Filing Signature of the Person Filing

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