## P0700058469

	- 1
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	:
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status:	
Special Instructions to Filing Officer.  AHEO + HSTEPH REPORT  SOURCE  SPECIAL INSTRUCTION  S	
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT:				
X DOCUMENT NUMBER: PO7.0	0000 58469			
The enclosed Articles of Dissolution and	fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
× do	HN BANGOS			
* HIANNIS	Contact Person)  AUTO Body and Townic-like m/Company)			
× 1523 A	LT 19 SuiteB			
(A	Address)  FC 3 469/ ate and Zip Code)			
(City/State and Zip Code)				
For further information concerning this ma	atter, please call:			
(Name of Contact Person)	at (727) 463-3332 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount	unt:			
★\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\text{S52.50 Filing Fee,} \text{Certificate of Status & Certified Copy} \text{(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

727-938-6742

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850-245-6897

FL DEPT OF STATE

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## ARTICLES OF DISSOLUTION

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

FJRST:	The name of the corporation as currently filed with the Plorida Department of State:			
	_ TAMINS AUTO BOOY AND PW	INDO LAC		
SECOND:	The document number of the corporation (if known): 10700	233469		
THIRD:	The date dissolution was authorized: 4/20/10	·		
٠	Effective date of dissolution if applicable: Y-20-10  (no more than 90 days after dissolution file)	e date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled		
·	The number of votes cast for dissolution was sufficient for approval by  (woting group)	FILED  10 APR 26 AM II: 28  SECRETARY OF STATE ALLAHASSEE, FLORIB		
	Signature:  (By a director, president or other officer - if directors are officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	<b>&gt;</b>		
•	JOHN BANGOS			
	(Typed or printed name of person signing)			
	Les ident			
	(Title of verson siming)			

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. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Signature of the Person Finn

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