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(((H15000030183 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC

Account Number : I20000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

DISSOLUTION OR WITHDRAWAL SOUTH AUTO COLLISION CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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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: SOUTH AUTO COLLISION CORP		
SECOND:	The document number of the corporation (if known): P07000088831		
	The date dissolution was authorized: 09/30/2014		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (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		
	7.6. 2015		
	(voting group)		
	Signature: (By a director, president of other officer - if affectors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiductary, by		
	that fiduciary)		
	(Typod or printed name of person signing)		
	President		
	(Title of person signing)		

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: SOUTH AUTO COLLI	SION CORP
	ion will be the date the dissolution is filed with the Articles of Dissolution.	Department of State or as
Description of i	nformation that must be included in a claim:	
Mailing address	where claims can be sent: (Claims cannot be sent	to the Division of Corporations)
	20525 LEEWARD LANE	
	MIAMI FL 33189	
	744 ¹⁴	
	the above named corporation will be barred unless flor the filing of this notice.	a proceeding to enforce the claim is commenced
Yloria	Hartinez	Carfe Jan
	Printed Name of the Person Filing	Signature of the Person Fitting