

PO 7000128915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

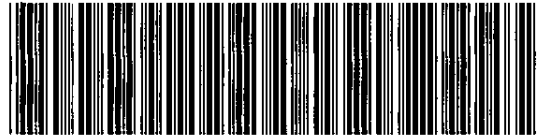
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500142133475

03/10/09--01030--011 **5.00

01/30/09--01026--021 **30.00

VD/With noted

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -9 PM 12:38

T. Roberts MAR 10 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2009

ROGELIO SANCHEZ
ALDO'S AUTOFINISH INC.
2839 WILKINSON RD
SARASOTA, FL 34231

SUBJECT: ALDO'S AUTOFINISH, INC.
Ref. Number: P07000128915

We have received your document for ALDO'S AUTOFINISH, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 009A00004160

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED

2009 MAR -9 AM 10:14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P07000128915

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

Please return all correspondence concerning this matter to the following:

Rogelio Sanchez

(Name of Contact Person)

Aldo's Autofinish Inc.

(Firm/Company)

2839 Wilkinson Rd.

(Address)

Sarasota, FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

Rogelio Sanchez

(Name of Contact Person)

at (941) 926.7107

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

09 MAR 19 PM 12:38

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ALDO'S AUTOFINISH, INC.

SECOND: The document number of the corporation (if known): P07000128915

THIRD: The date dissolution was authorized: 12/31/2008

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

(voting group)

Signature: X Rogelio Sanchez

(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)

Rogelio Sanchez

(Typed or printed name of person signing)

President

(Title of person 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.

Name of Corporation: Aldo's Autofinish, Inc.

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:

Name of Company, address, telephone #, and reason for invoice.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2839 Wilkinson Rd.

Sarasota, FL 34231

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.

Rogelio Sanchez

Printed Name of the Person Filing

x Rogelio Sanchez
Signature of the Person Filing

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