P07000130136

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5.

TO: Amendment Section **Division of Corporations**

SUBJECT: WRECK-A-MENDED COLLISION CENTER OF DELRAY INC				
DOCUMENT NUMBER: P07000130136				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DOMININ CARAVELLA (Name of Contact Person)				
·	,			
STATE AUTO COLLISION & REPAIR (
(Firm/Compan	у)			
9701 W ATLANTIC AVE				
(Address)				
DELRAY BEACH FL 33076				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DOMINIC CARAVELLA at (561 638-8300			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
	ed Copy Certificate of Status & Certified Copy			
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 Departmen	it of Sta	ate:		
	WRECK-A-MENDED COLLISION CENTER OF DELR	AY II	VС		
SECOND:	The document number of the corporation (if known): P07000130136				
THIRD:	The date dissolution was authorized: 09/15/2008				
	Effective date of dissolution if applicable: SAME (no more than 90 days after dissolution)	tion file o	date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes causes sufficient for approval.	ast for o	disso	lution	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group witted to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by	ETARY O	8 16	FILED	
	(voting group)	F STATE , FLORIDA	AM 10: 56		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)				
	DOMINIC CARAVELLA (Typed or printed name of person signing)	-			
	(Typed or printed name of person signing)				
	PRESIDENT	_			
	(Title of person signing)				

Filing Fee: \$35