## 108000031263

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Bus	siness Entity Nar	me)
(Document Number)		
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Special Instructions to I	Filing Officer:	
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DIVISION OF CORPORATIONS

T. Roberts NOV 0.5:2008

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION of AVT	cles
DOCUMENT NUMBER: PO8000312	63
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Julia Hernande (Name of Contact Person	on)
Carea mobile car (Firm/Company)	wash co.
3016 NW 10 Pave (Address)	·
Miami FL 32 (City/State and Zip Co	ode)
For further information concerning this matter, please ca	all:
Name of Contact Person) at (7)	Nrea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Fi \\ Certificate of Status Certified (Additiona enclosed)	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 607.1401, 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:
	conela mobile car wash co.
SECOND:	The document number of the corporation (if known): POFOOOSI363
THIRD:	The file date of the articles of incorporation: $032608$
FOURTH:	The file date of the articles of incorporation: USIACION (CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signa	ature Manuel .
	(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.)
	(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: MY C MONE CAV W. CO.

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)

AUC SW II AYC NOC MIGNI FL 33126

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.

Printed Name of the Person Filing

Signature of the Person Filing

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