

PO8000041376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Volum. Diss.

03-12-09

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAMAS TRANSPORT
(Name of Corporation)

DOCUMENT NUMBER: P08000041376

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID RAUL FUENTES
(Name of Person)

CAMAS TRANSPORT
(Firm/Company)

20806 GRIDLEY RD. #3.
(Address)

LAKEWOOD CA 90713
(City/State and Zip code)

For further information concerning this matter, please call:

David Raul Fuentes at (323) 316 3429
(Name of Person) (Area Code & Daytime Telephone Number)

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:

CAMAS TRANSPORT CORP.

SECOND: The document number of the corporation (if known): POB-000041376

THIRD: The file date of the articles of incorporation: 4-23-08

FOURTH: (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.

Signature: _____

(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.)

David Paul Fuentes
(Typed or printed name of person signing)

owner - PRES.
(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA