## PO8UU063631

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

42749



000156045070

05/22/09--01014--005 \*\*35.00

Dissolut Lect-co

SECRETARY OF STATE TALLAHASSEE, FLORE

Murdock Professional Center • 17825 Murdock Circle • Suite A • Port Charlotte, FL 33948 • (941) 255-1235 • Fax (941) 255-1223

Glenn N. Siegel Board Certified Civil Trial Attorney By The Florida Bar Michael F. Savage Atturney at Law

Certified Circuit Court Mediator

May 13, 2009

Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Re: Reasonable Automotive, Inc.

To Whom It May Concern:

Enclosed you will find a Cover Letter, Articles of Dissolution and Notice of Corporate Dissolution along with our firm's check in the amount of \$35.00 representing the filing fee. We would appreciate it if you would file the enclosed.

Thank you for your assistance in this matter.

Sincerely,

GLENN N. SIEGEL, P.A.

Kimberly A. Reese

Legal Assistant to Glenn N. Siegel

GNS:kar Enclosures

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** SUBJECT: REASONABLE AUTOMOTIVE, INC. DOCUMENT NUMBER: P08000063631 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Glenn N. Siegel, Esquire (Name of Contact Person) Glenn N. Siegel, P.A. (Firm/Company) 17825 Murdock Circle, Suite A (Address) Port Charlotte, Florida 33948 (City/State and Zip Code) For further information concerning this matter, please call: at ( 941 ) 255-1235 (Area Code & Daytime Telephone Number) Glenn N. Siegel (Name of Contact Person) Enclosed is a check for the following amount: [7]\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: **Amendment Section** Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 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 Department of State:
	Reasonable Automotive, Inc.
SECOND:	The document number of the corporation (if known): P08000063631
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
	Donne Berry
	(voting group)
	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)
	Dawn Davis-Berry
	(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:	Reasonable A	lutomotive, I	nc.
Date of dissolution will be specified in the <i>Articles</i> of	e the date the dissolution is file of Dissolution.	d with the Department of State	or as
Description of information	on that must be included in a cla	im:	
Mailing address where cl	aims can be sent: (Claims canno	ot be sent to the Division of Co	orporations)
_ Do	iwn Davis-Ber	ry	
	1000 Chancello	r'Blud.	
<u> </u>	ort Charlotte	FL 33953	<del> </del>
A claim against the abov within 4 years after the fi	e named corporation will be bar	red unless a proceeding to enf	orce the claim is commenced
Think I your alter the h	mg or this here.		$\overline{}$
Dawn Day	Name of the Person Filing	Le Marie of Signature of	Mus - Berry of the Person Filing