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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION O	F	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
SAMES ANREW TEA	ctfor AN	
(Name of Conti	act Person)	
DAYLITE SEAULE (Firm/Control	mpany)	
6P40 W. BURKE WA		
HomostssA FL 3	4446	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
SAMES 87 PAMELY BANGUAN (Name of Contact Person)	at (351) 503-6847 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	(cour et 2)	
\$35 Filing Fee \$\Bigs\\$43.75 Filing Fee & \$\Bigs\\$4 Certificate of Status Certificate of Status	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy Certificate of Status & dditional copy is Certified Copy nclosed) (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	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 Department of State: Ay Lite Service GAS Repair Toc
SECOND:	• • • • • • • • • • • • • • • • • • •
THIRD:	The date dissolution was authorized: 9-1-20/0
	Effective date of dissolution if applicable: 40 know 0 (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 predissolution 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 White State Control of the State Control	
	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)
	TAMES ANDREW TEACHMAN (Typed or printed name of person signing)
	PRESIDENT

Filing Fee: \$35