P10000009452

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE

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C. CARROTHERS

COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: RE USED AUTO Sales AND REPAIR IN
DOCUMENT NUMBER: \$100000 9452
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHEBUANNY Sepulveda (Name of Contact Person)
TWDESA (Firm/Company)
5827 DAHLIA SKIVE (Address)
Oclawdo, H 32807 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 666-9595 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status \$\times \$Certificate of Status \$\times \$\times \$Certificate of Status \$\times \$\t
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following adicipal 12: 17 on: SECRETARY OF STATE JALLAHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known): \$\int 1000000 9452
THIRD:	The date dissolution was authorized: 82/01/2014
	Effective date of dissolution if applicable: OWO/LO/Y (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
	(voting group) Signature: A Continue of the state of the
	(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)
	(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: RE USES AUTO Sales AND REPAIR DNO
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:
NONE TARY OF STATE OF
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) **Monto** **Monto** **Proposition** **Monto** **Proposition** **Proposit
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. Commenced Commenced

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