P130000003588

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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AMD 1555

COVER LETTER

Division of Corporations
SUBJECT: TONY TOWING USA CORP
DOCUMENT NUMBER: P13000003588
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANTONIO ACOSTA
(Name of Contact Person)
TONY TOWING USA CORP
(Firm/Company) 630 MUSKRAT DR
(Address)
KISSIMMEE FL 34759
(City/State and Zip Code)
For further information concerning this matter, please call:
ANTONIO ACOSTA at (321) 3234617
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
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:

	TONY TOWING USA CORP				
SECOND:	The document number of the corporation (if known): P13000003588				
THIRD:	The date dissolution was authorized: 02/03/2014				
	Effective date of dissolution if applicable: 02/03/2014 (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 was sufficient for approval.	dissolut	tion		
	☐ Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group entite to vote separately on the plan to dissolve:	tled			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)				
	Signature: ASOLL	14 FES -7 FM 12: 48	ELIVAD PRO 30 ROBIAG		
S	(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)	@1 :21 Ha	AR FOR ATTER		
	ANTONIO ACOSTA				

(Title of person signing)

Filing Fee: \$35