

P140000006034

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

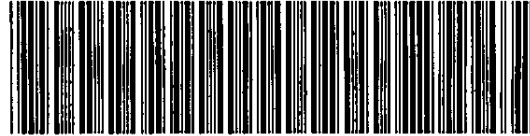
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAY 23 PM 3:09  
SECURE PART OF STATE  
TALLAHASSEE, FLORIDA

MAY 23 2016

A RAMSEY



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2016

Stephen H. Travers  
P.O. Box 267  
Lutz, FL 33548

SUBJECT: AUTO LOAN SECURITY & CONSULTING, INC.  
Ref. Number: P14000006034

We have received your document for AUTO LOAN SECURITY & CONSULTING, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 416A00009463

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AUTO LOAN SECURITY & CONSULTING INC

**DOCUMENT NUMBER:** P14 000006034

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN H TRAVERS

(Name of Contact Person)

(Firm/Company)

P.O. Box 267

(Address)

LUTZ, FL 33548

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD A WILLIAMS

(Name of Contact Person)

at ( 727-847-6324

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

RECEIVED

16 MAY -3 AM 8:03

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*00685, 00671

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

16 MAY 23 PM 3:08

FIRST: The name of the corporation as currently filed with the Florida Department of State:

AUTO LOAN SECURITY & CONSULTING INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECOND: The document number of the corporation (if known): P14 000006034

THIRD: The date dissolution was authorized: 12/31/15

Effective date of dissolution if applicable: 12/31/15

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: \_\_\_\_\_

(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)

STEVEN H TRAVERS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)