

Division of Corporations

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P14000032647

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : NEW START BUSINESS SOLUTIONS INC
 Account Number : I20130000079
 Phone : (305)804-1047
 Fax Number : (866)767-7835

**DISSOLUTION OR WITHDRAWAL
PALMETTO BAY COLLISION INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

14 JUL 23 AM 7:52

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 JUL 23 AM 10:15

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help
C. LEWIS
JUL 24 2014
EXAMINER

((H140001744383))

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:
PALMETTO BAY COLLISION INC

SECOND: The document number of the corporation (if known): **P14000032647**

THIRD: The date dissolution was authorized: **07/01/2014**

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

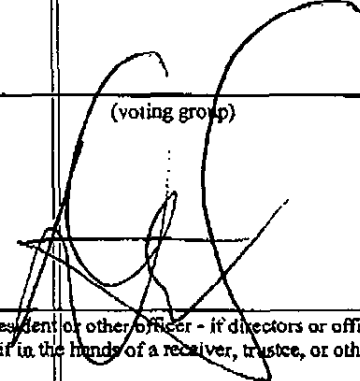
FOURTH: Adoption of Dissolution (CHECK ONE)

- 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

(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)

DAMARIS C TELLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 23 AM 10:15

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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: _____

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:

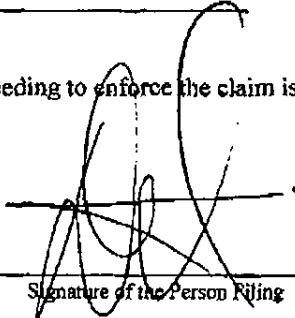
14 JUL 23 AM 10:15
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

DAMARIS C TELLO

Printed Name of the Person Filing

X 

Signature of the Person Filing

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

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