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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (305)644-3055 Fax Number : (305)644-3052

DISSOLUTION OR WITHDRAWAL LRS BODY SHOP CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

Division of Corporations				
SUBJECT: LRS BODY SHOP CORP				
DOCUMENT NUMBER: P14000064717				
The enclosed Articles of Dissolution and	fec are submitted for filin	ng.		
Please return all correspondence concerning this matter to the following:				
ENNA DIEPPA				
(Name of	Contact Person)			
KIJOENNA SERVICES INC				
(Firm/Company)				
2141 SW 1 ST, SUITE 110				
(A	(ddress)			
MIAMI, FL 33135				
(City/Sta	ate and Zip Code)			
For further information concerning this ma	atter, please call:			
ENNA DIEPPA	7864997122 at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)		
Enclosed is a check for the following amou	unt:			
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amo Divi The	et Address: endment Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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: LRS BODY SHOP CORP			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	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)			
	LEONARDO REYES (Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing) Filling Fee: S35			

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.

Printed Name of the Person Filing	Signature of the Person Filing
LEONARDO REYES	Jeonardo Rives
within 4 years after the filling of this notice.	ness a proceeding to emorce the ciann is commenced
A claim against the above named corporation will be barred un	love a proceeding to enforce the claim is exampled
	8 A B A
	CO. 11. 15. 15. 15. 15. 15. 15. 15. 15. 15
	FIL T12
Mailing address where written claims can be sent: (Claims can	
	2021
NO ACTIVITI	
Description of information that must be included in a claim:	
(date filed with the Dept. if date speci	fied in the Articles of Dissolution)
The above named corporation is the subject of dissolution and	the effective date of a dissolution is:
Name of Corporation: LRS BODY SHOP CORP	

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