

P17 000049760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

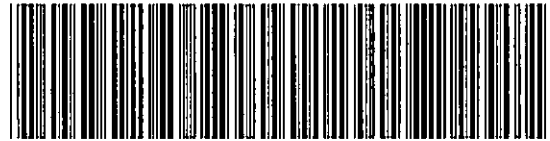
(Business Entity Name)

(Document Number)

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CORPORATIONS  
17 DEC 12 PM 12:21

*Dissolution w/notice*

DEC 30 2019

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANTHONY MOBILE REPAIR, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P17000049760  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Nick Wilmot

\_\_\_\_\_  
(Name of Contact Person)

Debbie's Accounting Service, Inc

\_\_\_\_\_  
(Firm/Company)

3575 Southside Blvd

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

Jacksonville, FL 32216

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nick Wilmot

\_\_\_\_\_ at ( 904 - 733-4547

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

19 DEC 12 PM 12:21  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

# 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:  
ANTHONY MOBILE REPAIR, INC.

SECOND: The document number of the corporation (if known): P17000049760

THIRD: The date dissolution was authorized: 12/09/2019

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: Adoption of Dissolution (CHECK ONE)

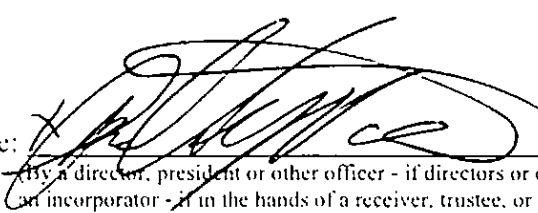
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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 - or in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Anthony Vazquez

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
19 DEC 12 PM 12:21

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: ANTHONY MOBILE REPAIR, INC.

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:

Name, Contact Information, and Detailed information about a claim.

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

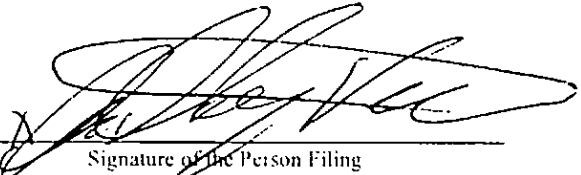
8060 Lourdes Dr N

Jacksonville, FL 32210

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.

Anthony Vazquez

Printed Name of the Person Filing

  
Signature of the Person Filing