P1800065926

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations $ \bigcap \left(\bigcap S \right) = \bigcap \left(\bigcap S \right) \bigcap \left(\bigcap A \right) A $
SUBJECT: Naples Much Center Corp.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maine of Contact Person)
laples much Center Corp.
2575 Northbrooke PL Dr Ste 201
Oaples FL 3419 (City/State and Zip Code)
For further information concerning this matter, please call:
Musa Palacios at (239-877-7229 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee

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

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:
	Naples truck Center Corp.
SECOND:	The document number of the corporation (if known): $P18000065920$
THIRD:	The date dissolution was authorized: 1112024
	Effective date of dissolution if applicable: (no more than 00 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 firector, president or other officer - if directors or officers have not been selected, by an independent - if in the hands of a receiver, trustee, or other court appointed fiduciary, by finat thruciary)
	(Typed or printed name of person signing)
	(Anc of person signing)

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.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written 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.