

P180000 84981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

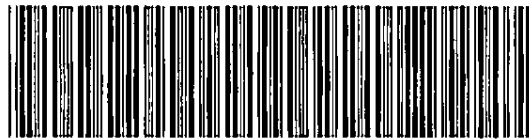
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CANCELATION OF CORPORATION DUE TO COVID

DOCUMENT NUMBER: P18000084981

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

Please return all correspondence concerning this matter to the following:

YAMILKA MARTINEZ

(Name of Contact Person)

LUBE BEST CHOICE INC

(Firm/Company)

3957 EDWARDS ST. #1

(Address)

FORT MYERS FL. 33916

(City/State and Zip Code)

For further information concerning this matter, please call:

YAMILKA MARTINEZ

305- 794- 3631

at (

(Name of Contact Person)

(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
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:

LUBE BEST CHOICE INC

SECOND: The document number of the corporation (if known): P18000084981

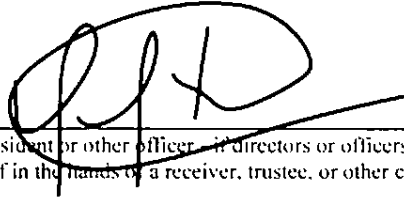
THIRD: The date dissolution was authorized: 9/8/2020

Effective date of dissolution if applicable: 9/8/2020

(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)

YAMILKA MARTINEZ

(Typed or printed name of person signing)

P

(Title 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.

Name of Corporation: LUBE BEST CHOICE INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

CANCELATION OF CORPORATION DUE TO COVID 9/8/2020

(date filed with the Dept. of date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

CLOSING THE BUSINESS DUE TO COVID-19 NEGATIVE FINANCIAL IMPACT.

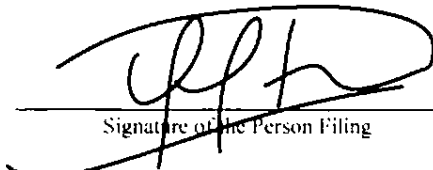
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

3504 3 ST SW LEHIGH ACRES FL 33976

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.

YAMILKA MARTINEZ

Printed Name of the Person Filing


Signature of the Person Filing

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