## P93000012619

(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	questor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Ad	ldress)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			•
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(An	ldress)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(//0	iuiess)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Cit	ty/State/Zip/Phone	· #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status		ısiness Entity Nam	ne)
Certified Copies Certificates of Status	(=-	<b>-</b>	,
Certified Copies Certificates of Status			<u></u>
	(Do	cument Number)	
			·
Special Instructions to Filing Officer:	Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:			
Special instructions to Filing Officer:		Elli off	
	Special Instructions to	Filing Officer:	
	•		
			•
			Ì

Office Use Only



100136197791

10/01/08--01016--011 \*\*35.00

08 OCT - 1 PH 2: 16
SECRETARY OF STATE
TALLAHASSEE, FI OBJE

OCT 0 7 2008

## **COVER LETTER**

TO: Amendment Section

Division of Corporations								
SUBJECT: BEL-AIRE AVTO SERVICE INC								
DOCUMENT NUMBER: P9300012619								
The enclosed Articles of Dissolution and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
MEL BORYSIEWICZ (Name of Contact Person)								
(Name of Contact Person)								
(Firm/Company)								
2001 CLARK ROAD								
Z001 CLARK ROAD (Address)								
OCOEE, FL 34761 (City/State and Zip Code)								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
MEL BORYSIEWIEZ at (407) 299 - 7540 (Name of Contact Person) (Area Code & Daytime Telephone Number)								
Enclosed is a check for the following amount:								
\$35 Filing Fee \$\bigsquare{1}\$\$43.75 Filing Fee & \$\bigsquare{1}\$\$\$\$\$\$\$\$\$\$Certificate of Status & Certified Copy (Additional copy is enclosed) \$								
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee FL 32314  MAILING ADDRESS:  Amendment Section  Division of Corporations  Clifton Building  7661-Executive Center Circle								

Tallahassee, FL 32301

## 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:				
	BEL- PIRE AUTO SERVITE INC				
SECOND:	The document number of the corporation (if known): P93000012619				
THIRD:	The date dissolution was authorized: 08/01/2008				
	Effective date of dissolution <u>if applicable</u> : 08/01/2008  (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)				
	H 2: 16 FLORIDA				
	Signature:  (By a director, president or other) fficer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other fourt appointed fiduciary, by that fiduciary)				
	MEL BORYSIEWIEZ  (Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is sub- against this corpo				d below for resolu	ution of payment of	unknown claims
This "Notice of C	orporate Diss	olution" is opt	ional and is r	not required when	filing a voluntary di	ssolution.
Name of Corpora	tion: BEL	-AIRE	AVTO	SERVICE	INE	<del>_</del>
Date of dissolutio specified in the A			ition is filed v	with the Departme	ent of State or as	
Description of inf	ormation that	must be include	ded in a claim	ı:		
					1 EXPERT	
PROBLEM	ns res	ULTINA	FROM	CLAIM,	NAMES OF	
Mailing address v	vhere claims of	can be sent: (C	laims cannot	be sent to the Div	ision of Corporation	s)
_	2001	CLARK	ROAT	00066	, FL 3476	7
_						_
						_
A claim against the within 4 years after			will be barre	d unless a proceed	ling to enforce the c	aim is commenced
MEL	BORY SIE Printed Name o	WI CZ f the Person Filin	g	<i>D</i> n	Signature of the Pyrson	Filing

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