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(Requestor's Name) (Address) (Address)	300148222143
(City/State/Zip/Phone #)	04/02/0901016017 **43.75
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COVER LETTER

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	COVER LETTER		
6	TO: Amendment Section Division of Corporations		
	SUBJECT: ARI'S PARTS SPECIALIST, INC.		
	DOCUMENT NUMBER: <u>P97000089942</u>		
	The enclosed Articles of Dissolution and fee are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Name of Contact Person)		
	(Name of Contact Person)		
	ARI'S PARTS SPECIALIST, INC.		
	(Firm/Company)		
	1582 BARCELONA WAY		
	(Address)		
	WESTON, FL 33327		
	(City/State and Zip Code)		
	For further information concerning this matter, please call:		
	<u>λυίδ</u> <u>ARISTEIGUIETA</u> at (<u>954</u>) <u>Q17-8737</u> (Name of Contact Person) (Area Code & Daytime Telephone Number)		
	(Name of Contact Person) (Area Code & Daytime Telephone Number)		
	Enclosed is a check for the following amount:		
	□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
	MAILING ADDRESS: Amendment SectionSTREET ADDRESS: Amendment SectionDivision of Corporations P.O. Box 6327 Tallahassee, FL 32314Division of Corporations Clifton Building 2661 Executive Center Circle 		

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: ARI'S PARTS SPECIALIST, INC The document number of the corporation (if known): <u>P940</u>000 89942 SECOND: The date dissolution was authorized: 03/16/09 THIRD: 101 Effective date of dissolution if applicable: (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 APR -2 AMII: to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by PLESIDENT (voting group) 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) LUIS ARISTEIGUIETA (Typed or printed name of person signing) PRESIDENT (Title of person signing)

Filing Fee: \$35