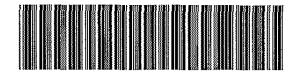
## 778000690al

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

Office Use Only



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## COVEŘ LETTER

TQ: Amendment Section
Division of Corporations

SUBJECT:	WEST	OAK	AUTO	SALES	INE			
DOCUMENT NUMBER: P9800069024								
The enclosed A	articles of Dissol	ution and f	ee are submitted	for filing.				
Please return al	l correspondence	concerning	g this matter to th	ne following:				
<u> </u>	IED 6		Contact Person)					
		(Firm	n/Company)	<del> </del>	<del></del>			
289=	+ POLVA	ADERO	LA NE	APT 1	05			
	INDO, I	-L 3						
For further info	rmation concern	ing this mat	tter, please call:					
	RAYAN ne of Contact Per		at ( <u>407</u> (Area	) 484-4 Code & Daytim	e Telephone Number)			
Enclosed is a cl	heck for the follo	wing amou	nt:		í			
∭\$35 Filing Fe	ee ⊠\$43.75 Fil Certificate			y Certif py is Certif (Addi	50 Filing Fee, icate of Status & ied Copy tional copy is osed)			
Amenda Divisio P.O. Bo	MG ADDRESS: ment Section n of Corporation ox 6327 ssee, FL 32314	s		STREET ADE Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve 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:					
	WEST OAK AUTO SALES, INC.					
SECOND:	The document number of the corporation (if known): P9800069024					
THIRD:	The date dissolution was authorized: $06/30/07$					
	Effective date of dissolution if applicable: 06/30/07  (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					
	1 - HUMED CAYEN PER SE					
	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)					
	AHMED RAYAN					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(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: WEST OHK HUTU SHLES TNL	
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:	
REASON FOR CLAIM, RELEVANT DATES, NAME	
REASON FOR CLAIM, RELEVANT DATES, NAME  OF CLAIMANT, AMOUNT OF CLAIM.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Z897 POLVADERO CANE, APT 105	
OFLANDO, FL 32835	
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.	
ANMED RAYAN X AV	
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