## P98000074580

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
	City/State/Zip/Phone #)	<u> </u>
PICK-UP	TIAW	MAIL
		· <del></del>
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates o	f Status
	55154.55	
Special Instructions to Fi	iling Officer:	

Office Use Only



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TALLAHASSEE, FLORIDA

S WELLINGS

2024 APR -5 PM 4: 00

RECEIVED

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: Muffler Headquarters, Inc. DOCUMENT NUMBER: P98000074580 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Mcdaniel (Name of Contact Person) Muffler Headquarters, Inc (Firm/Company) 1501 SW 52 Ave (Address) Plantation, FL 33317 (City/State and Zip Code) For further information concerning this matter, please call: at (954-609-3367 (Area Code) (Daytime Telephone Number)

■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

Enclosed is a check for the following amount:

Certificate of Status

Certified Copy

(Additional copy is enclosed)

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

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account: I20210000160:: \$ 35.00\_ Authorization Signature: \_\_\_\_\_\_ P98000074580 Muffler Headquarters, Inc. **Business** Document # \_\_\_\_ Will wait \_\_\_ Walk in Certified Copy of the Articles Certificate of Status NEW FILINGS **AMENDMENTS** TRADEMARK Registration \_\_\_ Profit \_\_ \_ Amendment \_\_\_\_ Not for Profit \_\_\_Resignation of R.A. Officer/Director \_\_\_\_ Limited Liability Change of Registered Agent \_\_ Domestication X Dissolution/Withdrawal INC Conversion OTHER Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS Annual Report \_\_\_ Foreign Filing Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority \_\_\_\_Domestication of a Foreign Corp. \_\_\_ APOSTIL \_\_\_ **COUNTRY** Other EXAMINER'S INITIALS:\_\_

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE



April 8, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: MUFFLER HEADQUARTERS, INC.

Ref. Number: P98000074580

We have received your document for MUFFLER HEADQUARTERS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

List the mailing address where written claims can be sent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 224A00007481

2024 APR -8 PH 4: 1.

## 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:	
	Muffler Headquarters, Inc.	
SECOND:	The document number of the corporation (if known): P98000074580	
THIRD:	The date dissolution was authorized: 03/31/2024	
	Effective date of dissolution if applicable: 03/31/2024	
	(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.  ALLAHASSEE FLORIDA  AM 9: 38	
\$	(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)	
	David Mcdaniel  (Typed or printed name of person signing)	
	President (Title of person signing)	

Filing Fee: \$35