P99000086205

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	₂siness Entity Nar	ne)
(Do	ocument Number)	
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2010 APR -2 PM 4: 02
SECRETARY OF STATE

Diss. W/Notice

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APR - 5 2010.

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: MANUEL SERVICE /	REPAIR APPLIANCES, INC
DOCUMENT NUMBER: P9900	0086205
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
MANUEL D. V (Name of Contact	ila-5
(Name of Contact	Person)
Manuel Service Repair 19 (Firm/Compa	tppliances, INC.
1790 S.W 141	AVE
(Address)	
MIAM EL.	33/7<
MIAM. FC. (City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Manuel D. Vilai at (Name of Contact Person)	(305) 725-3427. (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, Greed Copy Greetificate of Status & Certified Copy Greetified 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 Clifton Building 2661 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:
	MANUEL SERVICE REPAIR APPLIANCES, INC.
SECOND:	The document number of the corporation (if known): P990000 86205
THIRD:	The date dissolution was authorized: $3/26/2010$
	Effective date of dissolution <u>if applicable</u> : 3/26/2010. (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)
	(voting group) (voting group) (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)
	MANUEL D. VILAU
	(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	f payment of	unknown d	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: MANUEL SERVICE REPAIR APPLIANCE, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
The REASON Why Im closing this componerio
Is because I Passed The Florida STATE
Exam For AIR CONditioning Contractor. And
The REASON Why Im Closing this componential Is because I Passed The Florida STATE Exam For Air Conditioning Contractor. And I Opened The other Componentian.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1790 S. W 141 AVR Miam; FC 33175
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.

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