

F52844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

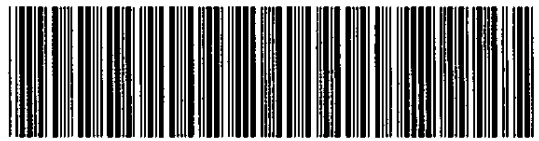
(Business Entity Name)

(Document Number)

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12/07/09--01021--023 **52.50

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2009 DEC -7 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss w/Notice

TB

DEC 10 2009



Bittersweet Management, LLC

3321 Winchester Road
Lexington, KY 40509
Tel. 859.293.1771
Fax 859.293.5477

December 4, 2009

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Corporate Dissolution
Southwest Florida Financial Services Incorporated
Document # F52844

Gentlemen:

With regard to the above referenced dissolution, please find enclosed the Notice of Corporate Dissolution, Articles of Dissolution, Cover Letter, and check # 2033 in the amount of \$52.50.

Should you have any questions or need additional information in order to execute the dissolution, please feel free to contact me at 859-293-1771 or by e-mail at Sbray@bittersweetstation.com.

Your assistance in this matter is appreciated.

Respectfully Submitted,

Stan Bray, CPA

Cc: James Perilstein
File

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: F52844

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STAN BRAY, CPA
(Name of Contact Person)

BITTERSWEET MANAGEMENT, LLC
(Firm/Company)

3321 WINCHESTER ROAD
(Address)

LEXINGTON, KY. 40509
(City/State and Zip Code)

For further information concerning this matter, please call:

STAN BRAY, CPA at (859) 293-1771
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, 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
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:
SOUTHWEST FLORIDA FINANCIAL SERVICES, INCORPORATED

SECOND: The document number of the corporation (if known): F52844

THIRD: The date dissolution was authorized: 12-1-09

Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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)

Signature: [Handwritten 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)

JAMES G. PERILSTEIN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

FILED
2009 DEC -7 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SOUTHWEST FLORIDA FINANCIAL SERVICES, INCORPORATED

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:

AMOUNT OF THE CLAIM, BRIEF DESCRIPTION OF THE NATURE
OF THE CLAIM; NAME, ADDRESS, PHONE NUMBER AND CONTACT PERSON
FOR THE ENTITY MAKING THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

SOUTHWEST FLORIDA FINANCIAL SERVICES, INCORPORATED
C/O BITTERSWEET MANAGEMENT, LLC
3321 WINCHESTER ROAD
LEXINGTON, KY. 40509

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.

JAMES G. PERILSTEIN
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