1.	3140		
(Requestor's Name) (Address) (Address)	800188000888		
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	12/28/1001014007 **35.00 FILED TALLAHASSEE, FLORIDA NOT DEC 28 PH 12: 12 TALLAHASSEE, FLORIDA NOT DEC 28 AN II: 13 NOT DEC		
Office Use Only	diss W/NOT C.COULLIETTE DEC 28 2010 EXAMINER		

Holland & Knight			
Requester's Name 315 South Calhoun Street, s	uite 600		
Address Tallahassee, FL 32301 (850)425-5686		<i>,</i>
City/State/Zip Phone #			
	l		Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUM	BER(S), (if	known):
Branch Groves /n	<u>C.</u>	27314 Pocument #)	0
(Corporation Name)			
(Corporation Name)	(D	ocument #)	
(Corporation Name)	(D	ocument #)	
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Mail out Will wait	Photoc	ору	Certificate of Status
<u>NEW FILINGS</u>	AMEND	<u>MENTS</u>	
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Examiner's Initials

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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: Brandon Groves, Inc. The document number of the corporation (if known): 273140 SECOND: The date dissolution was authorized: December 27, 2010 THIRD: Effective date of dissolution if applicable: n/a (no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) 171 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 PILED FILED (voting group)

Signature (By a director, president of 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)

(Typed or printed name of person signing) Director

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: Brandon Groves, Inc.

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:

Name of claimant, date of claim, event giving rise to claim, amount

claimed, and name, address and telephone number of contact to whom the Corporation should reply regarding the claim.

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

mpa, Florida 33602	

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.

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Dorothy C. CASON Primed Name of the Person Filing

Signature of the Person Filing

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