

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL  
T.M.P. MANAGEMENT CORPORATION

Certificate of Status	0
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DJA 031004/054826

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12 SEP -6 AM 8:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
12 SEP -6 AM 9:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Art Diss  
w/notice  
cc  
@ 9/7/12

**ARTICLES OF DISSOLUTION**

Pursuant to section 507.1403, 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:

T.M.P. MANAGEMENT CORPORATION

SECOND: The document number of the corporation (if known): G36855

THIRD: The date dissolution was authorized: November 30, 2011

Effective date of dissolution if applicable: \_\_\_\_\_  
(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)

Signature: Mary K. Potapow

(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)

Mary K. Potapow

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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12 SEP - 6 AM 9:09  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS

**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: T.M.P. MANAGEMENT CORPORATION

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: \_\_\_\_\_

Address of Claimant: \_\_\_\_\_

Amount of Claim: \_\_\_\_\_

Basis of Claim: \_\_\_\_\_

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

6383 SW 21st Court Rd.

Ocala, FL 34471

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.

Mary K. Potapow

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