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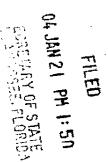
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Amendment Section

P.O. Box 6327

| Division of Corporations | |
|---|------------|
| SUBJECT: NISSOLV TION OF BENNING TO N DE WELDIN | ient In |
| DOCUMENT NUMBER: P0/0000 3/727 | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| MAX SABET (Name of Person) | |
| (Name of Person) | |
| Benadon Shelfner I (C. (Name of Firm/Company) | |
| (Name of Firm/Company) | 2 / |
| 128 E. Colomb M. (Address) | |
| (Address) | |
| Orledo, 64 3280/ (City/State/and Zip Code) | |
| For further information concerning this matter, please call: | — . |
| MAX SABET at (407) 835_1369 X // (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| - | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | |

STREET ADDRESS:

Amendment Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 12, 2004

MAX SABETI BENNINGTON DEVELOPMENT, INC. 128 E. COLONIAL DR. ORLANDO, FL 32801

SUBJECT: BENNINGTON DEVELOPMENT, INC.

Ref. Number: P01000031727

We have received your document for BENNINGTON DEVELOPMENT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that the document must be "signed".

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan Document Specialist

Letter Number: 704A00001894

O4 JAN 21 AM 8: 10

Division of Corporations P.O. ROY 6227 Tallahassas Florida 2221

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 Department of State: | . – |
|---------|--|-----|
| | Bengton I lolyned I 10. | |
| SECOND: | The document number of the corporation (if known): polooo3/727 | |
| THIRD: | The date dissolution was authorized:/2/3//03 | |
| | Effective date of dissolution if applicable: 12/3//03 (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 of 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 | |
| | NA Sp. Sp. | |
| | NA (voting group) Signed this 3/ day of DECEMBEL . 03 | |
| | Signed this 3/2 day of DECEMBEL , 03 | |
| | では、 では、 では、 では、 では、 では、 では、 では、 では、 では、 では、 | |
| | TOF STATE ST | |
| Signat | (By a director, president or other officer if directors or officers have not been selected, by an incorporation if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | - |
| | | |
| | (Typed or printed name of person signing) | |
| | | |
| | (Title of person signing) 19165/06N1 | |
| | | |

Filing Fee: \$3

Notice of Corporate Dissolution

| This notice is submitted by against this corporation as | | | ed below for | resolution o | f payment of | unknown claims | |
|--|--------------------------------------|-----------------|----------------|--|---|----------------|-------------|
| This "Notice of Corporate | <i>Dissolution</i> ⁿ is o | ptional and is | not required | when filing | a voluntary di | ssolution. | |
| Name of Corporation: | Benglar | Devolo | not I | TAC- | | _ | |
| Date of dissolution will be specified in the Articles of | | lution is filed | with the De | partment of S | State or as | | : |
| Description of information | n that must be inclu | uded in a clair | n: | | | | |
| DATE OF | elaco | WORK | PERF | FORME | O BY | BENAIM | IC FOR |
| DEVECOPM | ENT | | ···· | | | | _ |
| | | · | | | , , , , , , , , , , , , , , , , , , , | | - |
| | | | | | | | |
| Mailing address where cla | ims can be sent: (C | Claims cannot | be sent to the | ne Division o | of Corporation | s) | |
| | 128 E. | COLONI | ACD. | <u> 1. </u> | | | · · · · · · |
| | ORCANO | SOFE | 3280 | / | | - | |
| | | · | | ···· | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | - | |
| | | | <u>-</u> | | | - | |
| A claim against the above is commenced within 4 years. | | | | roceeding to | | aim | |
| MAX | SABET/ | | | | | | . س |
| Printed Name | of the Person Filing | | G. | Signature | Tthe Person Filin | e PAESCO | ENT |

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