P04000014350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

Special Instructions to Filing Officer:

Office Use Only

300145373663

03/10/09--01033--001 **35.00

FILED
09 MAR 10 PM 12: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL Diss 3/12/09

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** T.Z. Management, Inc.

**DOCUMENT NUMBER:** P04000014350

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

Please return all correspondence concerning this matter to the following:

Marc Zarrella
(Name of Contact Person)

T.Z. Management, Inc
(Firm/Company)

165 Main Street, Suite 302
(Address)

Medway, MA 02053
(City/State and Zip Code)

For further information concerning this matter, please call:

Attorney Joseph P. Foley at ( 617 ) 437-7774
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $35 Filing Fee
- [ ] $43.75 Filing Fee & Certificate of Status
- [ ] $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- [x] $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

3/20/09

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:

T.Z. Management, Inc.

SECOND: The document number of the corporation (if known): P04000014350

THIRD: The date dissolution was authorized: 02/26/2009

Effective date of dissolution if applicable: [redacted] 03/20/2009

(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)

FILED
09 MAR 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Marc Zarrella
(Typed or printed name of person signing)

Director
(Title of person signing)

**Filing Fee: $35**