P07000059681

, (Re	questor's Name)	
(Ad	dress)	
Ų (C	uicoo,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		Ì

Office Use Only



900112337409

11/16/07--01038--005 **43.75

WW mar

B JAN 17 PM 1:36



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 27, 2007

ROBERTO BETANCOURT R & X MANAGEMENT, INC. 126 NW 9TH TERRACE CAPE CORAL, FL 33993

SUBJECT: R & X MANAGEMENT, INC

Ref. Number: P07000059681

We have received your document for R & X MANAGEMENT, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box under the adoption of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 407A00067260

Corrected

CRETARY OF STATE LANGOA

UD:8 MA LIKAL 8005

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: R & X MANAGEMEN	T, INC.
DOCUMENT NUMBER: P0700005	9681
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
ROBERTO BETANCOURT	
(Name of	Contact Person)
R & X MANAGEMENT, INC.	
(Fire	m/Company)
126 NW 9TH TERRACE	
(A	ddress)
CAPE CORAL FL	33993
(City/Sta	ate and Zip Code)
For further information concerning this ma	tter, please call:
ROBERTO BETANCOURT (Name of Contact Person)	at (239) 772-7999 (Area Code & Daytime Telephone Number)
,	,
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 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

•	Fu -
Pursuant to sof dissolution	section 607.1403, Florida Statutes, this Florida profit corporation subm or the following articles in:
FIRST:	The name of the corporation as currently filed with the Florida Department of State OR/DA
	R & X MANAGEMENT, INC
SECOND:	The document number of the corporation (if known): P07000059681
THIRD:	The date dissolution was authorized: 11/08/2007
	Effective date of dissolution if applicable: 11/08/2007
	(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
	ROBERTO BETANCOURT & XATLY BETANCOURT (voting group)
	A Company of the Comp
`	(By a directory 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)
	ROBERTO BETANCOURT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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:	R & X MANAGEMEN I, 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:

CORPORATION WAS HIT HARD IN DEPRESS TIMES SALES WAS	
NOT ENOUGH TO PAY THE BILLS HAVE TO CLOSE OUR CORPO	RATIO
AND OUR BUSINESS.	2

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

1422 NE VAN LOON 2N CAPE COEAL, FL 33909.

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.

XATLY_ BETANCOURT

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