P07000126247

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only



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Effective date 4-9-21

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COVER LETTER

TO: Amendment Section Division of Corporations	я
Division of Corporations	
subject: Dissolution	
DOCUMENT NUMBER: P0100012	6247
The enclosed Articles of Dissolution and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Diane B. C	
(Name of Contact	Person)
Daniel de la	Managettye
(Firm/Compa	Maxagement INC.
Po.Bex1 (Address)	
Tallahass	22 Tol 21302
(City/State and Z	ip Code)
For further information concerning this matter, plea	sa call:
ror further information concerning this matter, piea	se can.
Diane B. Cuccio at	(850-681-0550
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate (Addi	.75 Filing Fee & S52.50 Filing Fee, fied Copy Certificate of Status & Certified Copy (Seed) (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassec, FL 32314

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: Branch Pond Management The document number of the corporation (if known): P01000126247 SECOND: The date dissolution was authorized: $\frac{3}{3} \frac{31}{2} \frac{252}{52}$ THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. 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) (Typed or printed name 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.

ne above named corpo	oration is the subject of dissolution and the effective date of a dissolution is:	
(date filed with the Dept. if date specified in the Articles of Dissolution)		
Description of information that must be included in a claim:		
· · · · · · · · · · · · · · · · · · ·		
ailing address where	written claims can be sent: (Claims cannot be sent to the Division of Corporations)	
PO. B	0x 150 Lassee FL 32302	
Talla	1955ee FL 32302	

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.

Diane B. Cuccio Secretary The B. Cuccio Secretary
Printed Name of the Person Filing
Signature of the Person Filing