

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: ARTICLES QE	DissoluTio	oN
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and	fee are submitted for	filing.
Please return all correspondence concerni	ng this matter to the fo	ollowing:
ZOBERT (Name o	M. Gusn	naN
(Name o	f Contact Person)	
BRACON PUB (Fi	CICATIONS	/NC.
(Fi	rm/Company)	
354 GLENRIDGE	KOND, Key BIS	cayne, ELA 33149
(4	Address)	
(City/Si	tate and Zip Code)	
For further information concerning this m	atter, please call:	
(Name of Contact Person)	at (<u>305</u>) (Area Coo	361 - 828/ de & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certificate of Status &
MAILING ADDRESS: Amendment Section	A	TREET ADDRESS: Amendment Section
Division of Corporations P.O. Box 6327		Division of Corporations Llifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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	t of State	:
	BEACON PUBLICATIONS, INC.		
SECOND:	The document number of the corporation (if known): Pogood/0 4	94	
THIRD:	The file date of the articles of incorporation: FEB 3, 2009		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.	- 4	
FIFTH:	No debt of the corporation remains unpaid.	SECR	17107
SIXTH:	The net assets of the corporation remaining after winding up have been distr to the shareholders, if shares were issued.	ributed AY	TEB 23
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	-F-01	PM
	A majority of the incorporators authorized the dissolution.		<u></u>
	A majority of the directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ncorporato	r - if
	ROBERT M. GUSMAN		
	(Typed or printed name of person signing)		
	+ RESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35