## 18900030060

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
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; (Bu	ısiness Entity Nan	ne)			
(Document Number)					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CONPORATE DISSOLUTION
DOCUMENT NUMBER: P0900030060
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM R. HAMILTON
(Name of Contact Person)
FIRST DEFENSE CONSULTINA
(Firm/Company)
2441 TAW CFLOARS RD (Address)
(Address)
FLFZMINH ISLAND, FL 32003 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
William Hanilton at (904) 887 - 2187  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  (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

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:					
•	FIRST DEFFINSE CONSULTINE, COLP					
SECOND:	The document number of the corporation (if known): P09000 3600 60					
THIRD:	The date dissolution was authorized: July, 1 2010					
	Effective date of dissolution if applicable: (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)					
	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)					
	William R. Hamilton					
	(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 Corpo	orate Dissolutio	n" is optional and is not re	equired when filing a voluntary diss	olution.
Name of Corporation:	FIRST	DEFENSE (	insurnia	
Date of dissolution wi specified in the Article			the Department of State or as	
Description of inform	ation that must b	pe included in a claim:		
Company PARTNERS	Dissolu	ED DUE TO	O CONFLICT IN	
·				
Mailing address where			ent to the Division of Corporations)	
<del></del>	BRANGE	PARK , FL	32003	
<del></del>				
A claim against the ab within 4 years after th			less a proceeding to enforce the clai	m is commenced
Willia	2. Led Name of the Per	hmicran son Filing	Signature of the Person Fi	Jina
7 (110	ios maine of the fel	Son i mug	Signature of the rerson ri	ing

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