P09000048832

(Re	questor's Name)	
——————————————————————————————————————	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL ANASSEE FLORIDA

Diss. W/Notice
TBrown 12-29-11

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: DISSONUTION OF COLPORATION	<u>v</u>
DOCUMENT NUMBER: <u>P09000048832</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ETHSL MAHON (Name of Contact Person)	
Beach Firm/Company)	
15680 PROCKER LO	
(Address)	
Jax. A. 32226	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (904) 655- (Name Of Contact Person) (Area Code & Daytime)	5385 Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Certifie	ate of Status & d Copy onal copy is
MAILING ADDRESS: STREET ADDR	
Amendment Section Amendment Sec Division of Corporations Division of Cor	
P.O. Box 6327 Clifton 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 of State:	
	Baldazz ling Black. Com, INC	
SECOND:	The document number of the corporation (if known): P09000048832	
THIRD:	The file date of the articles of incorporation: 6/4/2009	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
Signature: Little Maken		
	(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)	
	(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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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