## 1090000098341

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FILED W. 22 NOV 28 PM 4: 22
SECRETARY OF STATE ALLAHASSEE, FLORIBA

15/29/12

## **COVER LETTER**

Division of Corporations			
SUBJECT: BETHESda M	ANAGEMENT, Z	INC.	
DOCUMENT NUMBER: <u>P09000098341</u>			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Robert A. DiGia	como		
Robert A. DiGiACOMO  (Name of Contact Person)  BETHESDA MANAGEMENT, INC.  (Firm/Company)			
(Film/Company)			
4358 DAVIDIA DR. (Address)			
MELBOURNE, FLA. 32934			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Robert DiGiacomo at (321) 795-5535  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amoun	nt:		
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327		ton Building	
Tallahassee, FL 32314		l Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED Pursuant to section 607,1401, Florida Statutes, this Florida profit corporation submits the following 2112 NOV 28 articles of dissolution: SEUNE TARY OF STATE The name of the corporation as currently filed with the Florida Department of State ASSE FIRST: The document number of the corporation (if known):\_ SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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) (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: 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