91300089851

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi		

Office Use Only



700268707517

01/26/15--01028--009 **25.00

02/25/15--01014--009 **10.00

15 FEB 25 FM 4:50

FEB 25 2015

R. WHITE



February 5, 2015

SHARI MISLER 11 TUNICA PASS CT SPRING, TX 77389

SUBJECT: BETHMARC INC Ref. Number: P13000089851

We have received your document for BETHMARC INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 015A00002365

Rebekah White Regulatory Specialist II

Ö

Division of Corporations - P.O. ROY 6327 - Tallahassaa, Florida 32214

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Disso	oulution of L	LC	
DOCUMENT NUM			
The enclosed Notice	of Limited Liability (Company Dissolution	and fee are submitted for filing.
Please return all corre	spondence concerning	g this matter to the foll	owing:
shari misler			
	(Name of C	Contact Person)	
Bethmarc in	ic		
	(Firm	n/Company)	
11 Tunica P	ass Ct		
	(Ac	idress)	
Spring, Tx 7	7389		
	(City/Stat	te and Zip Code)	
For further informatio	n concerning this mat	ter, please call:	
shari misler		at (832_)	761 1185
(Name of C	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy (Additional copy is encl	□ \$60 Filing Fee, Certificate of Status & osed) Certified Copy (Additional copy is enclosed)
MAILING AD Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Ar Di Cl: 26	REET ADDRESS: nendment Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, 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:					
	BETHYARC IVC					
SECOND:	The document number of the corporation (if known): 4130 000898	51				
THIRD:	The date dissolution was authorized:	· -	_			
	Effective date of dissolution if applicable: 2-16-201) (no more than 90 days after dissolution file)	e date)	_			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolu	tion			
	☐ 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		FEB 25			
	(voting group)		PH 4: 50			
9						
	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 Corpor	ration:	BETHYAZ	2 IN	C		
Date of dissolut specified in the	ion will be the Articles of Dis	date the dissolution is	s filed with tl	he Department o	f State or as	
Description of is	nformation tha	at must be included in	a claim:			
Mailing address		can be sent: (Claims			- · · · · · · · · · · · · · · · · · · ·	
	// 7510	TEA PASS CT	3/121	106 7x	77589_	
					····-	
A claim against within 4 years a	the above nam fter the filing o	ned corporation will be of this notice.	e barred unle	ss a proceeding t	o enforce the claim	is commenced
6	MAZI	M.3LE17.		X la	Mule	
	Printed Name	of the Person Edino		S.com	tura of the Dorgen Eiline	

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