

**A00000000715**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP

LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

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J. BRYAN  
MAY 28 2009  
EXAMINER

(((H09000129869 3)))

**CERTIFICATE OF DISSOLUTION  
FOR**

LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/24/2008, assigned Florida document number A00000000715, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

Distribution of all of the partnership's assets and cessation of the partnership's business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

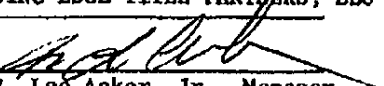
**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

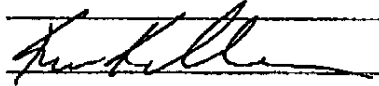
**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

LEADING EDGE TITLE PARTNERS, LLC

By:   
R. Lee Acker, Jr., Manager



Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.

Description of information that must be included in a claim:

Names of Claimant:

Address of Claimant:

Amount of Claim:

Attached Proof of Claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

LEADING EDGE TITLE, LLC

Attention: R. Lee Acker, Jr.

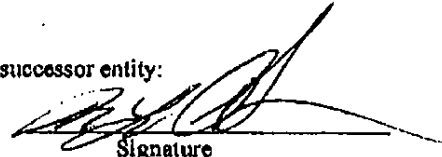
960 S. Orlando Ave.

Winter Park, FL 32789

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

R. Lee Acker, Jr., Manager of Gen Partner  
Printed Name

  
Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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