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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Account Number : 076077001702
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Fax Number : (407) 423-1831

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TALLAHASSEE, FLORIDA

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DISS/TERM/CANCEL/REV OF LP/LLP

LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.

Certificate of Status	0
Certified Copy	1
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June 5, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.
PO BOX 1689
WINTER PARK, FL 32790

SUBJECT: LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.
REF: A0000000715

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TALLAHASSEE FLORIDA

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We received your electronically transmitted document. However, your document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H09000135783
Letter Number: 109A00018919

P.O BOX 6327 - Tallahassee, Florida 32314

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**CERTIFICATE
OF
REVOCATION 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 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

MAY 27, 2009

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

JUNE 1, 2009

FOURTH: Attached is a copy of the certificate of dissolution.


FIFTH: 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, LLC, General Partner

By: _____

R. Lee Acker, Jr., Manager



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/28/2009 7:39:29 AM PAGE

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State of Florida



Department of State

I certify the attached is a true and correct copy of the Certificate of Dissolution, filed on May 27, 2009, for LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD., a Florida limited partnership authorized to transact business in Florida, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H09000129869. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited partnership is A00000000715.

Authentication Code: 609A00017926-052809-A00000000715-1/1

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-eighth day of May, 2009



Kurt S. Browning
Secretary of State

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**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 04/24/2000, 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.)

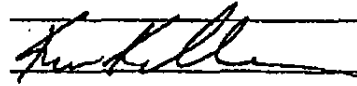
THIRD: Effective date, if other than the date of filing: _____

(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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**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:

Name 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.

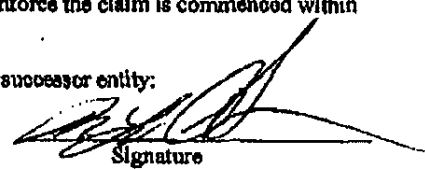
960 S. Orlando Ave.

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

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

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