

A04000000608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

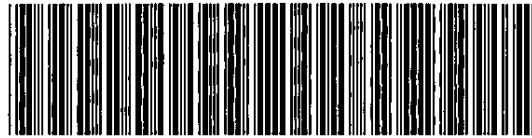
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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A04-608
RL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2007

DEE MCHENRY
109 WEST LINKS
WILLIAMSBURG, VA 23188

SUBJECT: SHADOWFARM LIMITED PARTNERSHIP
Ref. Number: A04000000608

We have received your document for SHADOWFARM LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a claim.

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
Document Specialist

Letter Number: 507A00030633

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADOWFARM LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DEE MCHENRY
(Contact Person)
109 WEST WINKS
(Firm/Company)
WILKINSON
(Address)
VA 23182
(City, State and Zip Code)

For further information concerning this matter, please call:

DEE MCHENRY at (757) 870-1511
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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MAILED 4/27/07

**CERTIFICATE OF DISSOLUTION
FOR**

SHADOWFARM LIMITED PARTNERSHIP

(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 4/12/07, hereby submits this Certificate of Dissolution.

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

CONCLUDED ALL PARTNERSHIP BUSINESS
BY SELLING RENTAL PROPERTY

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

THIRD: Effective date, if other than the date of filing: 5/30/07

(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.:

[Signature]

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:

SHADOWFARM LIMITED PARTNERSHIP

Description of information that must be included in a claim:

CLAIMANT'S NAME

CLAIMANT'S ADDRESS

SHORT DESCRIPTION OF CLAIM

SUPPORTING CLAIM DOCUMENTS SHOWING
VALID PROOF OF CLAIM

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

DEE MCHENRY

109 WEST WINKS

WILLIAMSBURG, VA 23188

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TALLAHASSEE, FLORIDA

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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

DEE O. MCHENRY

Printed Name

Dee McHenry

Signature

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