

AOS 000001140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

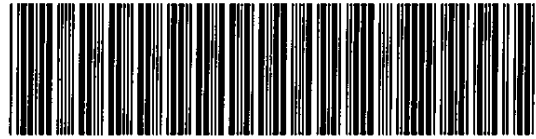
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300070653913

06/20/06--01010--023 **88.75

04/21/06--01003--011 **25.00

2006 APR 21 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AOS-1140
OK

EFFECTIVE DATE
4-27-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2006

ENID FERNANDEZ
15192 SE 13 TERRACE
MIAMI, FL 33194

SUBJECT: CDS FINANCIAL LTD.
Ref. Number: A05000001140

We have received your document for CDS FINANCIAL LTD. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

This is a limited partnership not a limited liability company.

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: 106A00041390

2006 APR 21 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2006

ENID FERNANDEZ
15192 SW 13 TERRACE
MIAMI, FL 33194

SUBJECT: CDS FINANCIAL LTD.
Ref. Number: A05000001140

2006 APR 21 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

We are enclosing the proper form(s) with instructions for your convenience.

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: 006A00028292

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDS FINANCIAL LTD
(Name of Limited Liability Company)

2006 APR 21 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENID I. FERNANDEZ
(Name of Person)

CDS FINANCIAL LTD
(Firm/Company)

15192 SW 13 TERRACE
(Address)

Miami Fla 33194
(City/State and Zip Code)

For further information concerning this matter, please call:

ENID I. FERNANDEZ at (305) 225 3212
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDS Financial LTD
(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:

ENID I. FERNANDEZ
(Contact Person)

CDS Financial LTD
(Firm/Company)

15192 SW 10TH AVE
(Address)

Miami Fla 33194
(City, State and Zip Code)

For further information concerning this matter, please call:

ENID I. FERNANDEZ at (305) 225-3212
(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

2006 APR 21 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

C D S Financial 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 06-10-2005, hereby submits this Certificate of Dissolution.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

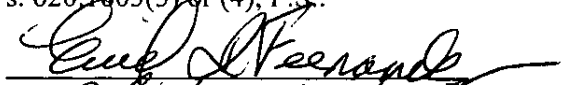

is not reasonably practicable to
carry on the business of the limited liability
company in conformity with the articles of
organization or the operating agreement

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

THIRD: Effective date, if other than the date of filing: 04-27-2006

(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.:

ENID I. Fernandez
ABRAHAM R. Jeger

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

EFFECTIVE DATE
4-27-06

**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:

CDS Financial LTD

Description of information that must be included in a claim:

All debts, obligations and liabilities of the
Limited Liability company have been paid or
discharged.

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

ENID Fernandez

15192 SW 10 Terrace

Miami Fla 33194

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:

ENID I. Fernandez

Printed Name

Enid I. Fernandez

Signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED