## A07000001335

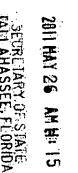
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C. LEWIS

MAY 27 2011

EXAMINER

## **COVER LETTER**

<b>TO:</b> Registration Division of	Section Corporations		
SUBJECT: Name of	AILFISH CA FFlorida Limited Partnershi	PITAL PART ip or Limited Liability Lim	NERS, LLLP ited Partnership)
The enclosed Certif	icate of Dissolution an	d fee(s) are submitted	for filing.
Please return all cor	respondence concernir	ng this matter to:	
KARL SAILFI	C. SAUND (Contact Person)  SH VENTO (Firm/Company)	ers ures, ll	
508 S.E	(Address)	-A ST.	
STUA	RT, FL 3 (City, State and Zip Code)	4994	
	(City, State and Zip Code)		
For further informat	tion concerning this ma	atter, please call:	
KARL C.	SAUNDERS	at (772_) 2	223 - 3431 Paytime Telephone Number)
(Name of Con	tact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amor	unt:	
\$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 ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Cer. Tallahassee, FL 323		Tallahassee,	FL 32314

## CERTIFICATE OF DISSOLUTION FOR

SAILFISH CA	APITAL	PARTNERS	LLLP
(Name of Florida Limited P	artnership or Limi	ted Liability Limited Partner	ship)
partnership or limited liability limit Florida Department of State on	ted partnership,	whose certificate was fi 2007, assign	led with the ned Florida
FIRST: Reason for dissolution: (S	State why partn	ership is submitting diss	olution)
The partnership	RST: Reason for dissolution: (State why partnership is submitting dissolution)  The partnership dissolved due to all its perations were discontinued and no part of any business, financial operation, or venture as continued by any of the partners in the partnership.  COND: A Notice of Dissolution is attached. (Check box if attached.)  RD: Effective date, if other than the date of filing:  A rective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida artment of State.)  Inatures of each general partner or the person appointed pursuant to 20, 1803(3) or (4), F.S.:  A series of each general partner or the person appointed pursuant to 20, 1803(3) or (4), F.S.:  A series of each general partner or the person appointed pursuant to 20, 1803(3) or (4), F.S.:		
operations were	discon	tinued and	no part
of any business.	financi	al operation,	, or ventur
·		•	
		ed.	
THIRD: Effective date, if other than the o	date of filing:		•
(Effective date cannot be prior to nor more Department of State.)	e than 90 days afte	r the date this document is fi	led by the Florida
s. 620\$4, F.S.; 803(3) or (4), F.S.;	or the person ap	pointed pursuant to	
Filing Fee: Certified Copy (optional): Contificate of Status (optional)	*		20H