

AD9000000320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

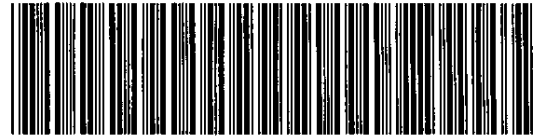
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GILLEN 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:

PATRICIA GIESSEL, ESQ.
(Contact Person)

(Firm/Company)

99530 OVERSEAS HWY #2
(Address)

KEY LARGO, FL 33037
(City, State and Zip Code)

For further information concerning this matter, please call:

PATRICIA GIESSEL at (305) 453-5277
(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

2014 JUL 18 AM 10:01
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
OF
GILLEN LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 12, 2009 and assigned Florida document number A09000000320, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution:

The happening of an event specified in the partnership agreement, specifically, Section 11.1 (a) The sale of all or substantially all of the Property.

SECOND: The Effective Date of this Certificate of Dissolution shall be the date of filing.

General Partner:

Gillen Family, LLC



Jeffrey D. Gillen, Managing Member



Douglas J. Gillen, Managing Memeber

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