A9900000169

(Req	uestor's Name)			
(Add	lress)			
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(City	/State/Zip/Phon	e #)		
, PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	pies Certificates of Status			
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02/06/08--01035--008 **25.00

OB FEB 21 PH 4: 29
SECRETARY OF STATE

D. BRUCE

FEB 2 1 2008

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: ERMC III LIV (Name of Florida Limited Partnershi)			ip)	,
The enclosed Certificate of Dissolution and	i fee(s) are sub	mitted for filing.		
Please return all correspondence concernin	g this matter to	;·		
Saibrina Coleman, Stat (Contact Person)	7 Acco	ountant		
ERMC (Firm/Company)	<u> </u>	_	08 FE SEGR	-
6148 Lee Huy Sk 30 (Address)	∞		EB 21 F RETARY I AHASSEE	l long
Chattanooga TV 3 (City, State and Zip Code)	7421	_	PM 4: 29 of State e. florio	£
For further information concerning this ma	tter, please call	:		
Sabrina Coleman	at (<u>423</u>	<u>)</u> 899-2~		_
(Name of Contact Person)	(Area Coo	le and Daytime Telepl	none Number)	
Enclosed is a check for the following amou	ınt:			
\$3.50 Filing Fee \$61.25 Filing Fee and Certificate of Status 1etter # 008A00008177	\$105.00 Filin and Certified Co		Copy, and	
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section			
Clifton Building	Division of Corporations P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301	Tallal	hassee, FL 32314		

FEB 1 4 2008



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2008

SABRINA COLEMAN, STAFF ACCOUNTANT ERMC 6148 LEE HWY, STE 300 CHATTANOOGA, TN 37421

SUBJECT: ERMC III LIMITED PARTNERSHIP

Ref. Number: A9900000169

08-FEB 21 PM 4: 29
SECRETARY OF STATE

We have received your document for ERMC III LIMITED PARTNERSHIP and your check(s) totaling \$50.00. 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.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$2.50.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 008A00008177

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited F	Partnership or Limited Liabi		
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Certificate of Dissolution.	ted partnership, whose		th the
FIRST: Reason for dissolution: (State why partnership i	s submitting dissolutio	n)
No longer in busin	1055	SECRETARY OF TALLAHASSEE, F	08 FEB 21 PH
SECOND: A Notice of Disso (Check box if atta		FIGRIDA	1 : 29
THIRD: Effective date, if other than the	date of filing:	1/10/2008	·
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the dat	e this document is filed by t	he Florida
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person appointed	pursuant to	Toward I
Emerson E. Russell		ln Russell Se	centzlo. II, In
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		
CTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	+		