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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

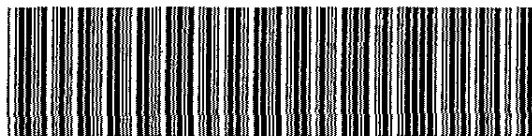
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 DEC -8 PM 4:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 22 2004

J. BRYAN DEC 9 2004



ENHANCED CAPITAL PARTNERS, LLC

201 St. Charles Avenue - Suite 3700

New Orleans, Louisiana 70170

Telephone 504-569-7900

Facsimile 504-569-7910

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

November 9, 2004

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

RE: Enhanced Florida Issuer, LLC ("The Company")
Notice of Dissolution

Dear Sir or Madam:

Enclosed please find a Transmittal Letter and Articles of Dissolution for Enhanced Florida Issuer, LLC. The Company requests a Certificate of Status and Certified Copy be mailed to my attention at the address above.

Please contact me should you need anything further. Thank you in advance for your prompt attention to this matter.

Regards,

Nicole F. Ellender
Associate Corporate Counsel

NFE/em

Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enhanced Florida Issuer, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Nicole F. Ellender
(Name of Person)

Enhanced Capital Partners, LLC
(Firm/Company)

201 St. Charles Ave.; Suite 3700
(Address)

New Orleans, Louisiana 70170
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole F. Ellender at (504) 569-7903
(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) |
|---|--|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 22, 2004

NICOLE F. ELLENDER
ENHANCED CAPITAL PARTNERS, LLC
201 ST. CHARLES AVENUE - SUITE 3700
NEW ORLEANS, LA 70170

SUBJECT: ENHANCED FLORIDA ISSUER LLC
Ref. Number: M02000003327

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ENHANCED FLORIDA ISSUER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You filed the wrong form

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 504A00066291



ENHANCED CAPITAL PARTNERS, LLC

201 St. Charles Avenue - Suite 3700

New Orleans, Louisiana 70170

Telephone 504-569-7900

Facsimile 504-569-7910

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2004 DEC - 8 PM 4:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

November 30, 2004

Attn: Joey Bryan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enhanced Florida Issuer, LLC ("The Company")
Notice of Dissolution / Request for Withdrawal of Authority
Response to Letter Number 504A00066291

Dear Mr. Bryan:

Enclosed please find the Company's Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida. Also enclosed are (i) your letter dated November 22, 2004, (ii) the Company's prior Transmittal Letter, and (iii) a copy of the check for withdrawal we submitted previously.

The Company requests a Certificate of Status and Certified Copy of the withdrawal be mailed to my attention at the address above. Please contact me should you need anything further. Thank you in advance for your prompt attention to this matter.

Regards,

Nicole F. Ellender
Associate Corporate Counsel

NFE/em

Enclosures

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Enhanced Florida Issuer, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

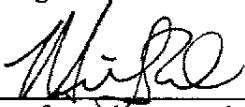
c/o Enhanced Capital Partners; 201 St. Charles Ave; Suite 3700

(Mailing address)

New Orleans, Louisiana 70170

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Michael A.G. Korengold

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA