(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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(Document Number)	
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JANO 9 2015 J. HARRIS

COVER LETTER

TO: Registration Division of C				
SUBJECT: Byror (Name of	n Flagler, LTD. Florida Limited Partnershi	p or Limited Liability	Limited Partnership)	
The enclosed Certifi	cate of Dissolution an	d fee(s) are submit	ted for filing.	
Please return all cor	respondence concernir	ng this matter to:		
Evan R. Marbin				
	(Contact Person)			
Evan R. Marbin & Ass	ociates P.A			
Evan II. Marbin a 7100	(Firm/Company)			
48 E. Flagler St., PH-				
	(Address)			
Miami, FL 33131				
	(City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:		
Evan R. Marbin		at (305)	371-2248	
(Name of Con	tact Person)	/	nd Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing F and Certified Copy		
STREET ADDRES	SS:	MAILI	NG ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahas	see, FL 32314	
Tallahassee, FL 32	301			

CERTIFICATE OF DISSOLUTION FOR

Byron Flagler, LTD.						
(Name of Florida Limited Par	tnership or Limited	Liability Limited Partners	hip)	. 🕀		
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 July 26, 1979, assigned Florida document number AO7724, hereby submits this Certificate of Dissolution.						
FIRST: Reason for dissolution: (St	tate why partners	hip is submitting disso	olution)			
No longer conducting business.		<u> </u>		-		
				•		
SECOND: A Notice of Dissol (Check box if attack				•		
THIRD: Effective date, if other than the date	ate of filing: Decem	nber 31, 2014				
(Effective date cannot be prior to nor more Department of State.)	than 90 days after th	ne date this document is fil	ed by the Etorida	2014.0		
Signatures of each general partner of s. 620.1803(3) of (4), F.S.:	r the person appo	inted pursuant to	RETARY AHASSE	14 DEC 24	<u> </u>	
/M1 /M			E OF	**	T	
1 /3/h			ORID A	٠: ١ : ٢	فر	
Filing Fee:	 \$52.50					
Certified Copy (optional):	\$52.50 \$52.50					
Certificate of Status (optional):	\$8.75					