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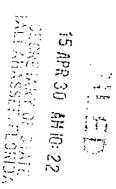
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COVER[†]LETTER

TO: Registration Section **Division of Corporations** SUBJECT: RFP ASSET MANAGEMENT, LLLP (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: Jeffrey H. Lapidus, General Counsel (Contact Person) Procacci Development Corporatioin (Firm/Company) 95 South Federal Highway, Suite 100 (Address) Boca Raton, FL 33432 (City, State and Zip Code) For further information concerning this matter, please call: Jeffrey H. Lapidus (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 ■ \$105.00 Filing Fee □ \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

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RFP ASSET MANAGEMENT, LLLP	_		
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)			
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 November 16, 2005, assigned Florida document number A05000002088, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution)			
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SECOND: A Notice of Dissolution is attached. (Check box if attached.)			
FHIRD: Effective date, if other than the date of filing: April 30, 2015			
Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)	d 3 ⊃ ;		
Signatures of each general partner or the person appointed pursuant to			
s. 620.1803(3) or (4), F.S.:			
Mu / Som No	, -		
	_		
	-		
Filing Fee: \$52.50 Certified Copy (optional): \$52.50			
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			