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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

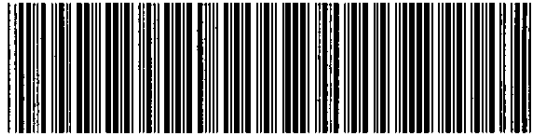
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR - 1 PM 12:46

FILED

C. LEWIS

APR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Grewell Family Partnership, Ltd.
(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:

C. Randolph Coleman
(Contact Person)
The Coleman Law Firm, PLLC
(Firm/Company)
9250 Baymeadows Road, Suite 450
(Address)
Jacksonville, FL 32256
(City, State and Zip Code)

For further information concerning this matter, please call:

C. Randolph Coleman at (904) 448-1969
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CERTIFICATE OF DISSOLUTION FOR
THE GREWELL FAMILY PARTNERSHIP, LTD.**

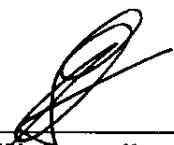
Under the provisions of F.S. 620.1203, this Florida limited partnership, whose certificate was filed with the Florida Department of State on January 14, 2000, hereby submits this certificate of dissolution.

FIRST: Reason for dissolution: Purpose of partnership has been concluded and the general partner has determined that the partnership should be dissolved.

SECOND: A Notice of Dissolution is attached.

THIRD: This certificate of dissolution shall be effective at the time of its filing with the Florida Department of State.

Signatures of all general partners:



Bruce W. Grewell

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF DISSOLUTION
FOR
THE GREWELL FAMILY PARTNERSHIP, LTD.

This notice is submitted by the dissolved limited partnership for resolution of payment of unknown claims against this limited partnership as provided in F.S. 620.1807.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership: The Grewell Family Partnership, Ltd.

Description of information that must be included in a claim:

The identity of the party making the claim, including mailing address and contact person(s), and a detailed description of the nature of the claim, including the date incurred, the amount claimed, and copies of all documents supporting the claim

Mailing address where claims can be sent:

14402 Marina San Pablo, Unit 104

Jacksonville, FL 32224

A claim against the above named limited partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of the notice.

Signature of a general partner:



Bruce W. Grewell