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## **COVER LETTER**

- 1

TO: Registration Section						
Division of Corporations						
SUBJECT: THE M AFEC Family Limited Partnership (Name of Florida Limited Partnership) (Name of Florida Limited Partnership)						
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  RICHARD J. MCAFEE						
(Contact Person)						
(Firm/Company)						
2242 LANGLEY CIRCLE (Address)						
OTLLANDO, FL 32835 (City, State and Zip Code)						
For further information concerning this matter, please call:						
RICHARD J. MCAFEE at (407) 759-0860 (Name of Contact Person) (Area Code) (Daytime Telephone Number)						
Enclosed is a check for the following amount:						
S52.50 Filing Fee S61.25 Filing Fee S105.00 Filing Fee and Certified Copy and Certificate of Status  25.02 21722 47 Status  S113.75 Filing Fee, Certified Copy, and Certificate of Status  27. TU Rambos						
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						

## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership on	-Amily L	MITED	PARTNER	54 <u>1 P</u>	_
(Name of Florida Limited Partnership or	r Limited L <b>fab</b> ility	Limited Partners	ship)	1	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number A 600000000000000000000000000000000000	ed partnership,	whose certific	ate was filed , assigned	with the Florida	
FIRST: Reason for dissolution: (S	State why partn	ership is subm	itting dissolu	ition)	
FLURIDA STATUTES	605.070	1(2) AN	D PARTA	JERSH!	<u>P</u>
A EREEMENT ART					_
			<del></del>		
		<del></del>			-
SECOND: A Notice of Dissol (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.	ttached.)  c date of filing:  c than 90 days after  s not meet the app	3+DEG er the date this do	filing requireme	by the Florida	1
Signatures of each general partner or the portion of the portion o	• • • •	ursuant to s. 620.	1803(3) or (4),	F.S.:	<u>.</u> -
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			SEUNE MA PH	AND FILED