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## **COVER LETTER**

and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  and Certified Copy  Certified Copy, and Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314	TO: Registration Section Division of Corporations		
Please return all correspondence concerning this matter to:  GARY SMIGIEL (Contact Person) GARY SMIGIEL, LC (Firm/Company) P. O. BOX 540669 (Address)  LAKE WORTH, FL 33454 (City, State and Zip Code)  For further information concerning this matter, please call: Stephanie Winston (Name of Contact Person)  Enclosed is a check for the following amount:  S\$2.50 Filing Fee  \$61.25 Filing Fee and Certified Copy and Certified Copy, and Certificate of Status  STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  CARY SMIGIEL (Contact Person)  at (561 ) 968-3605 (Area Code and Daytime Telephone Number)  S\$13.75 Filing Fee and Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314			V Limited Partnership)
GARY SMIGIEL  (Contact Person)  GARY SMIGIEL, LC  (Firm/Company)  P. O. BOX 540669  (Address)  LAKE WORTH, FL 33454  (City, State and Zip Code)  For further information concerning this matter, please call:  Stephanie Winston  (Name of Contact Person)  Enclosed is a check for the following amount:  Stephanie Status  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  GARY SMIGIEL  (Contact Person)  At (561)  968-3605  (Area Code and Daytime Telephone Number)  Story  Certified Copy  Certified Copy, and Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	The enclosed Certificate of Dissolution and	fee(s) are submi	tted for filing.
(Contact Person) GARY SMIGIEL, LC  (Firm/Company) P. O. BOX 540669  (Address)  LAKE WORTH, FL 33454 (City, State and Zip Code)  For further information concerning this matter, please call:  Stephanie Winston at (561) 968-3605 (Name of Contact Person)  Enclosed is a check for the following amount:  S\$2.50 Filing Fee \$61.25 Filing Fee and Certificate of Status  STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	Please return all correspondence concerning	this matter to:	
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(Firm/Company) P. O. BOX 540669  (Address)  LAKE WORTH, FL 33454 (City, State and Zip Code)  For further information concerning this matter, please call:  Stephanie Winston at (561) 968-3605 (Name of Contact Person)  Enclosed is a check for the following amount:  E\$\$52.50 Filing Fee and Certificate of Status  STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  AAKE WORTH, FL 33454 (City, State and Zip Code)  at (561) 968-3605 (Area Code and Daytime Telephone Number)  ### \$113.75 Filing Fee, Certified Copy, and Certificate of Status  #### MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  Tallahassee, FL 32314	(Contact Person)		
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Enclosed is a check for the following amount:  \$\sum_{\$52.50 \text{ Filing Fee}} = \begin{array}{c} \$\\$61.25 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·		
\$52.50 Filing Fee and Certificate of Status  STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle  \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	(Name of Contact Person)	(Area Code	and Daytime Telephone Number)
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2661 Executive Center Circle Tallahassee, FL 32314		Division of Corporations	
Tallahaccee FI 32301	Tallahassee, FL 32301	Tallaha	ssee, FL 32314



November 1, 2006

GARY SMIGIEL, LC P.O. BOX 540669 LAKE WORTH, FL 33454

SUBJECT: SMIGIEL PARTNERS XII, LTD.

Ref. Number: A0000000554

We have received your document for SMIGIEL PARTNERS XII, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

There is a balance due of \$27.50.

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) 245-6853.

Letter Number: 606A00064740

Leslie Sellers Document Specialist

## CERTIFICATE OF DISSOLUTION FOR

SMIGIEL PARTNERS	XII, LTD.				
(Name of Florida Limited P	'artnership or Limi	ited 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 March 28, 2000, hereby submits this Certificate of Dissolution.					
FIRST: Reason for dissolution: (S	State why partn	ership is submitting dissolution)			
No longer activ	e				
SECOND: A Notice of Disso (Check box if attack)		ed.			
THIRD: Effective date, if other than the	date of filing:	,			
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days aft	er the date this document is filed by the Florida			
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person ap	ppointed pursuant to			
Jal	$\geq$	GARY SMIGIEL, LC			
	<del></del>				
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				
	<b>4-1.</b>				