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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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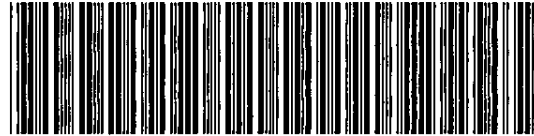
(Business Entity Name)

(Document Number)

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MAR - 5 2012
EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR -2 PM 1:00

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**STATEMENT OF TERMINATION
FOR**

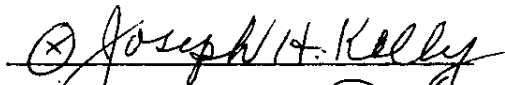

KELLY FAMILY LIMITED PARTNERSHIP

(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 JULY 5, 2000, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

<u></u>	<u>JOSEPH H. KELLY</u>
<u></u>	<u>MARIANNE T. KELLY</u>

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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