A0000001318

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies ` Certificates of Status				
Special Instructions to Filing Officer:				
6025				
6025 cc 6026 cus 6176				

Office Use Only



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12/30/08--01004--008 **113.75

EFFECTIVE DATE

08 DEC 30 AM 9: 17

N. Cultures IAM O. C. C.

COVER LETTER

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Division of C			
	SEAU FAMILY.		
(Name of)	Florida Limited Partnersh	ip or Limited Liability Limi	ited Partnership)
The enclosed Certific	cate of Dissolution an	d fee(s) are submitted t	for filing.
Please return all corr	espondence concerni	ng this matter to:	
DeARAUJO, MICHELE			
	(Contact Person)		
BESSEMER TRUST			
	(Firm/Company)		
222 ROYAL PALM WA	λΥ		
	(Address)	,	
PALM BEACH, FL 334	80		
	City, State and Zip Code)		
For further informati	on concerning this ma	atter, please call:	
DeARAUJO, MICHELE		at (561) 835-8306	
(Name of Contact Person)		(Area Code and Daytime Telephone Number)	
Enclosed is a check t	or the following amo	unt:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	✓ \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 323		i ananassee,	110 32314



January 13, 2009

MICHELE DEARAUJO 2ND ML BESSEMER TRUST 222 ROYAL PALM WAY PALM BEACH, FL 33480

SUBJECT: ROUSSEAU FAMILY LTD.

Ref. Number: A0000001318

We have received your document for ROUSSEAU FAMILY LTD. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6067.

Letter Number: 608A00062086

Neysa Culligan Regulatory Specialist II

Certified Copy (optional):

Certificate of Status (optional):

The same of

CERTIFICATE OF DISSOLUTION FOR

08 DEC 30 AM 9: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA ROUSSEAU FAMILY, LTD (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 8/18/2000 , assigned Florida document number_A00000001318 hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) THE PARTNERSHIP IS INACTIVE AND HAS PERMANENTLY CEASED ALL BUSINESS ACTIVITIES. FURTHER, THERE ARE NO ASSETS, LIABILTIES OR CAPITAL REMAINING WITHIN THIS ENTITY. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) 12/31/08 THIRD: Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Signatures of each general partner or the person appointed pursuant to s. 620,1803(1) or (4), F.S.: Filing Fee: \$52.50

\$52,50

\$8.75

NOTICE OF DISSOLUTION FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: ROUSSEAU FAMILY, LTD Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State) DeARAUJO, MICHELE, C/O BESSEMER TRUST, 222 ROYAL PALM WAY, PALM BEACH, FL, 33480 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice. Signature of a general partner or a principal of the successor entity: Lillian P. Mc Cluskey
Printed Name \$52.50 Filing Fee:

\$52.50

Certified Copy (optional):