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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

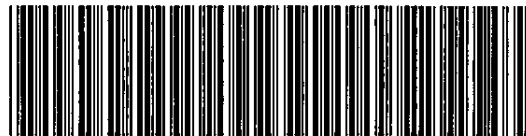
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(Document Number)

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06 DEC -1 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2006

SCOTT BARIL  
2403 EAST LILLIAN LANE  
ARLINGTON HEIGHTS, IL 60004

SUBJECT: BARIL PARTNERS LIMITED PARTNERSHIP  
Ref. Number: A00000001655

We have received your document for BARIL PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$52.50. 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.

We received your document on the 16th of November.

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) 245-6851.

Gina McLeod  
Document Specialist

Letter Number: 606A00067393

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BARIL PARTNERS LIMITED PARTNERSHIP  
(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:

SCOTT BARIL

(Contact Person)

RTB OF PENSACOLA, INC.

(Firm/Company)

2403 EAST LILLIAN LANE

(Address)

ARLINGTON HEIGHTS, IL 60004

(City, State and Zip Code)

For further information concerning this matter, please call:

SCOTT BARIL

(Name of Contact Person)

at ( 847 ) 704-1637

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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:

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**

BARIL PARTNERS 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 10/27/2000, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

ASSETS SOLD AND DISTRIBUTED

06 DEC -1 PM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

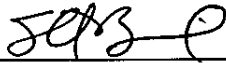
FILED

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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(3) or (4), F.S.:



SCOTT BARIL  
PRESIDENT OF RIB OF PENSACOLA, INC.  
IT'S GENERAL PARTNER

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