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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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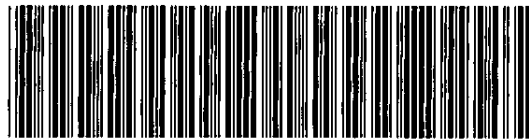
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 MAY 15 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. ~~Office~~ MAY 16 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BISCAYNE DESIGN, LTD  
(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:

Linda Ebin  
(Contact Person)

Daca Development Corp  
(Firm/Company)

3841 NE 2nd Ave, Suite 400  
(Address)

Miami FL 33137  
(City, State and Zip Code)

For further information concerning this matter, please call:

Linda Ebin at ( 305 ) 531-8700  
(Name of Contact Person) (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

FILED

08 MAY 15 PM 12:28

BISCAYNE DESIGN, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 February 1, 2001, hereby submits this Certificate of Dissolution.

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

All general and limited partners have  
consented to such dissolution

**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.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Biscayne Design, Inc.

By: \_\_\_\_\_

Steven Gretenstein,  
Vice-President

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