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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

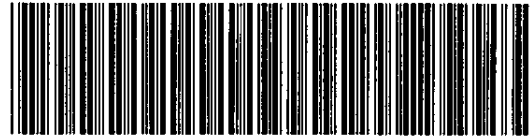
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4107-2 100 2014

**GLANKLER
BROWN.**
ATTORNEYS

6000 Poplar Avenue, Suite 400
Memphis, Tennessee 38119
P 901.525.1322 F 901.525.2389
www.glankler.com

JAKE A. KASSER
DIRECT DIAL: (901) 576-1896
EMAIL: jkasser@glankler.com

October 23, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

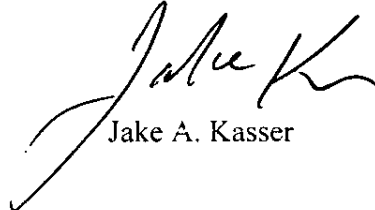
Re: *EPS-Florida Financial Limited Partnership Dissolution*

Dear Sir or Madam:

On behalf of the above-named Florida Limited Partnership, please find enclosed a Cover Letter listing contact information for the contact person in this matter and a Certificate of Dissolution submitted for filing with the Florida Department of State. Also enclosed is a check of \$52.50 for the filing fee in this matter.

Very best regards,

GLANKLER BROWN, PLLC



Jake A. Kasser

JAK/srb
Enclosure

cc: Paul R. Lawler

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPS-Florida Financial 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:

Paul R. Lawler
(Contact Person)

Glankler Brown, PLLC
(Firm/Company)

6000 Poplar Avenue
(Address)

Memphis, TN 38119
(City, State and Zip Code)

For further information concerning this matter, please call:

Paul R. Lawler at (901) 576-1794
(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

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**CERTIFICATE OF DISSOLUTION
FOR**

EPS-Florida Financial 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 06/04/2001, assigned Florida document number A0100000784, hereby submits this Certificate of Dissolution.

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

The partnership has ceased business operations and the sole general partner and all limited partners of the partnership have consented to dissolving the partnership.

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.:

Packaging-Florida Financial Corp. _____

By: _____

Carl D. Ring
Carl D. Ring, President

14 OCT 30 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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