

AO1 000000000000 848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

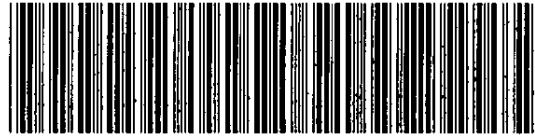
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JUL - 8 2008

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SECRETARY OF STATE
DIVISION OF CORPORATION
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**NATIONAL DEVELOPER
OF THE YEAR**



June 30, 2008

300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9393 Fax
stiles.com
stiles@stiles.com

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: CERTIFICATE OF DISSOLUTION

Enclosed please find one (1) Certificate of Dissolution form **dissolving** each of the following limited partnerships:

- *Sabre El, Ltd. – Document #A01000000848 ; and*
- *Seola II, Ltd. – Document #A96000002244.*

Also enclosed please find our checks each in the sum of \$52.50 to cover the fee for the above requested filings.

If you have any questions please feel free to contact me at (954) 627-9156.

Please return all correspondence concerning this matter to the following:

Judy Sherman
c/o Stiles Corporation
300 S.E. 2nd Street
Fort Lauderdale, F 33301

Sincerely yours,

STILES CORPORATION

Judy Sherman
Closing Coordinator

Enclosures

**CERTIFICATE OF DISSOLUTION
FOR**

SABRE EL, 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 6/26/2001, hereby submits this Certificate of Dissolution.

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

All assets sold and proceeds distributed.

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.:

SABRE ELL, INC.

By Terry W. Stiles

TERRY W. STILES

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

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