

**A01000001347**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : COMITER & SINGER, LLP  
Account Number : 120000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

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TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP**

**CAROL R. OWEN FAMILY LTD. PARTNERSHIP LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	20
Estimated Charge	\$52.50

**C. LEWIS**

DEC 22 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

**Carol R. Owen Family Ltd. Partnership LLP**

(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 December 7, 2001, assigned Florida document number A01000001347, hereby submits this Certificate of Dissolution.

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

The Partners have agreed to dissolve 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.:

Owen Ventures, LLC, a Florida limited liability company, GP

By:

Pamela N. Owen, MGRM

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION  
FOR  
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:

Carol R. Owen Family Ltd. Partnership LLLP

Description of information that must be included in a claim:

All evidence supporting the claim's validity.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

519 Palm Drive

Hallandale, FL 33009

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 the notice.

Signature of a general partner or a principal of the successor entity:  
Owen Ventures, LLC, a Florida limited liability company, GP

By: Pamela N. Owen, MGRM OF GP  
Printed Name

  
Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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