## A0100001484

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EXAMINER

## **COVER LETTER**

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TO: Registration Division of	n Section Corporations							
SUBJECT: Parla (Name o	and, Ltd. f Florida Limited Partnershi	p or Lin	nit <b>ed</b> Liability	y Limit	ted Partnership)		_	
The enclosed Certif	ficate of Dissolution and	d fee(s)	are submi	itted f	or filing.			
Please return all co	rrespondence concernin	g this i	matter to:					
Diane Wilks								
	(Contact Person)			•				
Fountain Investments	s. Inc					B.		
·	(Firm/Company)		···· <u></u>				)9[	
44400 5	. D	•				AR	Œ	£.
11490 Emeraid Coas	st Parkway, Suite 300, Bo (Address)	x 3				TAR ASS	=	-
	(11441003)					E ~	<u></u>	
Miramar Beach, FL					•	7	Ĕ	7
	(City, State and Zip Code)					45 45 45 45 45 45 45 45 45 45 45 45 45 4	09 DEC 10 PM 2: 나나	C
						<u>6</u> H	<u>+-</u>	
For further informa	tion concerning this ma	itter, pl	ease call:			***		
Diane Wilks		at (	850	- 1 424	-3240			
(Name of Contact Person)		(Area Code and Daytime Telephone Number)			_			
Enclosed is a check	for the following amou	ınt:						
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing Certified Cop		\$113.75 Filin Certified Copy, Certificate of St	and		
STREET ADDRE	SS:		MAILI	NG A	ADDRESS:			
Registration Section		Registration Section						
Division of Corporations			Division of Corporations					
Clifton Building			P. O. Box 6327					
2661 Executive Cer Tallahassee, FL 32			Tallaha	ssee,	FL 32314			

## CERTIFICATE OF DISSOLUTION FOR

Parland, Ltd.  (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	Ð
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 November 6, 2001 , assigned Florida document number A01000001484 , hereby submits this Certificate of	
Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
No remaining assets or ongoing business	
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E.C.	1
SECOND: A Notice of Dissolution is attached.  (Check box if 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.:	
Fountain Sured ments, One, General Parliner	
By: Diane Uplu	
+ne scalent	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	