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(Re	equestor's Name)			
(Ac	ldress)			
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SECRETARY OF STATE OR CORPORATIONS

COVER LETTER

TO: Registration S Division of C				
	ES FAMILY VE			ed Partnership)
The enclosed Certific	cate of Dissolution an	d fee(s) are sub	mitted fo	or filing.
Please return all corr	espondence concernit	ng this matter to):	
Benjamin G. Pa	aster, Esq.			
	(Contact Person)			
Paster & Harpo				
	(Firm/Company)			
1000 Chapel V	ew Blvd., Suite	220		
	(Address)			
Cranston, RI 02	2920			
(0	City, State and Zip Code)	-		
For further information concerning this matter, please call:				
Benjamin G. Pa	ister, Esq.	_at (_401	₎ 455	5-9800
(Name of Conta	ct Person)	(Area Co	de and Da	ytime Telephone Number)
Enclosed is a check for the following amount:				
□ \$52.50 Filing Fee	☑ \$61.25 Filing Fee and Certificate of Status	\$105.00 Fili and Certified C		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	Regi Divis P. O.	stration S sion of C . Box 632	Corporations

CERTIFICATE OF DISSOLUTION **FOR**

WILKES FAMILY VENTURES LTD

VVILICES I	AMILI VLNTONLO, LTD.
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)
	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the vember 19, 2001, hereby submits this
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
Business concluded, oblig	ations and liabilities satisfied, and all
assets distributed to Partn	ers pursuant to Operating Agreement
	·
	,
SECOND: A Notice of Dissolution (Check box if attack) THIRD: Effective date, if other than the discount of State.)	hed.)
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appointed pursuant to
David Wilkes, General P	artner
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75