A01000001586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
.: (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
OCT 20 2009

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EXAMINER



100161692931

10/19/09--01043--007 **52.50

ZOO9 OCT 19 PM 3: 44
SECRETARY OF STATE
PALLAHASSEE, FLORID,

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: <u>FE</u> (Name o	MANAGEM f Florida Limited Partnersh	ENT GROUP, ip or Limited Liability Limi	LTD. ited Partnership)	.
The enclosed Certin	ficate of Dissolution an	nd fee(s) are submitted	for filing.	
Please return all co	rrespondence concerni	ng this matter to:		
VICTOR	BARRETT (Contact Person)	·		
WHITE	POINT AVIA	TION, INC.		
1122 H	(Firm/Company) 164WAY 98 (Address)	EAST	A C	2009 0
DESTI	(Address) J. FL 3254 (City, State and Zip Code)	<i>41</i>	ÆTARY MASSE	2009 OCT 19 PM 3: 44
	(Čity, State and Zip Code)		E.FLC	- PP - IR
For further informa	tion concerning this m	atter, please call:	DRIDA DANDA	††
VICTOR (Name of Cor	BARRETT (ntact Person)	at (<u>865</u>) <u>8</u> (Area Code and D	50 – 1000 Paytime Telephone Number)	_
Enclosed is a check	for the following amo	ount:		
\$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	-	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING .		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Evecutive Center Circle		Tallahassee FI 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

FEC MANAGEN	MENT GROUP,	LTD.	
(Name of Florida Limited P	artnership or Limited Liability	Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited. Florida Department of State on Dedocument number Action 15 Dissolution.	ed partnership, whose ce	rtificate was filed w	rith the
FIRST: Reason for dissolution: (S	State why partnership is s	ubmitting dissolutio	on)
PARTNERSHIP	IS NO LONGE	A	
ENGAGED IN A			1 E 5.
			2009 SE(
SECOND: A Notice of Disso (Check box if atta	MO OCT 19 PM		
THIRD: Effective date, if other than the	date of filing: DCTOBER	30, 2009	. F. S.
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date th	nis document is filed by	the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:		ursuant to	
VAM VENTURES, INC.	<u> </u>		
			
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		

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:

FEC MANAGEMENT GROUP, LTD.

Description of information that must be included in a claim:

NAME AND ADDRESS OF CLAIMANT AND CONTACT INFORMATION

NATURE AND AMOUNT OF CLAIM

DESCRIPTION OF PRODUCT OR SERVICE PROVIDED TO PARTNERSHIP

DATE OR DATES PRODUCK OR SERVICES WERE PROVIDED

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

VICTOR BARRETT

1125 HIGHWAY 98 EAST

DESTIN, FL 32541

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.

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

Signature of a general partner or a principal of the successor entity: