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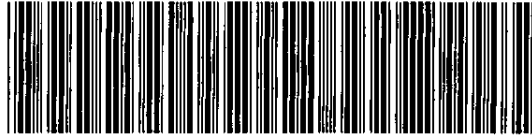
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 30 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bickel Family Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph J. Kulunas, Esq.

(Contact Person)

Fox Rothschild, LLP

(Firm/Company)

222 Lakeview Avenue, Suite 700

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Joseph J. Kulunas

at (

561)

835-9600

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**CERTIFICATE OF DISSOLUTION**  
FOR  
**THE BICKEL FAMILY LIMITED PARTNERSHIP**

Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on December 8, 2001, hereby submits this Certificate of Dissolution.

- FIRST:** Reason for dissolution: unanimous agreement of the general partner and all of the limited partners to dissolve and terminate the partnership.
- SECOND:** This Certificate of Dissolution shall be effective at the time of its filing with the Florida Department of State.
- THIRD:** Signature of all general partners:

**BICKEL MANAGEMENT, INC.,**  
General Partner

By: \_\_\_\_\_

Its: President

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