ACZOCOCO23

(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:						

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G. MCLEOD

FEB 11 2011

EXAMINER



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FILED II FEB 10 MIII: 11 SECRETARY OF STATE TALLAHASSEE, FLORIE,

COVER LETTER

TO: Registration Division of	Section Corporations						
	Cole Family Partr			lity Limit	ted Partnership)		
The enclosed Certi	ficate of Dissolution an	id fee(s)	are subi	nitted f	or filing.		
Please return all co	rrespondence concerni	ng this 1	natter to	:			
Charles M. Cole - Ge	eneral Partner			_			
	(Contact Person)						
	(Firm/Company)						
4676 Mai Kai Lane				_			
	(Address)						
Bonita Springs, Flore				_			
	(City, State and Zip Code)						
For further informa	tion concerning this m	atter, pl	ease call	:			
Charles M. Cole		at (239) 992	-7226		
(Name of Cor	ntact Person)	_ `	(Area Coc	le and Da	nytime Telephone Number)		
Enclosed is a check	for the following amo	unt:					
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filin Tertified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section					
Division of Corporations			Division of Corporations				
Clifton Building			P. O. Box 6327				
2661 Executive Center Circle			Tallahassee, FL 32314				
Tallahassee, FL 32	301						

CERTIFICATE OF DISSOLUTION FOR

Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		SECRETARY OF STATE TALLAHASSEE. FLORI	FILED
Charles M Colo- GENE	eral Partner	2/7/2011		
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person app	ointed pursuant to		
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after	the date this document is filed b	y the Florida	
(Check box if atta THIRD: Effective date, if other than the		10,2011	·	
SECOND: A Notice of Disso		i.		
documents.				
Partnership has no debts, and all asse	ets are being distrib	uted in accordance with Part	Inership	
The purposes of the Partnership have	been fulfilled, and	therefore is no longer neede	d. The	
FIRST: Reason for dissolution: (State why partner	ship is submitting dissolut	tion)	
Pursuant to the provisions of section partnership or limited liability limits Florida Department of State on Jar document number A02000000023 Dissolution.	ted partnership, w nuary 2,2002	hose certificate was filed a	with the Florida	
The Cole Family Partnersh (Name of Florida Limited P	ID, LID artnership or Limited	d Liability Limited Partnership)	<u> </u>	TO .

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: The Cole Family Partnership, LTD Description of information that must be included in a claim: Any claim must include amounts, dates, and reasons for claim. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Charles M. Cole - General Partner 4676 Mai Kai Lane Bonita Springs, Florida 34134 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: Charlette Cole - 2/1/2011 Signature Charles M. Cole - General Partner Printed Name

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