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| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | ısiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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K.SALY EXAMINER EXAMINER MAY 28 2015

COVER LETTER

| TO: Registration Division of C | | | |
|---------------------------------------|--|--|--|
| SUBJECT: | ided Light Li | mited Part | reachip |
| (Name of | Florida Limit 6 Partnersh | p or Limited Liability Limi | ted Partnership) |
| The enclosed Certifi | cate of Dissolution an | d fee(s) are submitted f | for filing. |
| Please return all corr | respondence concernir | ng this matter to: | |
| Pan Ric | Lardson | | |
| | (Contact Person) | | |
| | (Firm/Company) | | |
| 3603 (4 | Mardson la | ne | |
| Marvill | (Address) | 1 | |
| 711019811 | City, State and Zip Code) | <u>. </u> | |
| For further informati | ion concerning this ma | atter, please call: | |
| Pan lid | ardin | at (865) 9 | 78-5301 |
| (Name of Cont | act Person) | (Area Code and D | aytime Telephone Number) |
| Enclosed is a check | for the following amo | unt: | |
| \$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 ADDRES | S: | MAILING A | ADDRESS: |
| Registration Section | | Registration Section | |
| Division of Corporat | tions | Division of C | |
| Clifton Building | | P. O. Box 63 | |
| 2661 Executive Cent | | Tallahassee, | FL 32314 |
| Tallahassee, FL 323 | 01 | | |

CERTIFICATE OF DISSOLUTION

FILED 2015 MAY 26 PM 5: 12 IARY OF STATE

| | ruk | 2015 MA |
|---|---|------------------------------------|
| (Name of Florida Lim | ited Partnership or Limited Liability I | treaship milian |
| partnership or limited liability | ection 620.1203, Florida Statuto limited partnership, whose cert n May 12, 2002 000686, hereby submits | ificate was filed with the |
| ^ . | on: (State why partnership is su Whe d by Partnership is su dissolved. No | 1 2 1 |
| assets. | | |
| SECOND: A Notice of I | Dissolution is attached. f attached.) | |
| THIRD: Effective date, if other than | n the date of filing: | · |
| (Effective date cannot he prior to not Department of State.) | r more than 90 days after the date this | s document is filed by the Florida |
| Signatures of each general parts. 620.1803(3) or (4). F.S.: | tner or the person appointed pur | rsuant to |
| Filing Fee: | \$52.50 | |

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75