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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

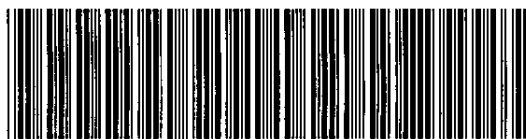
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 6 PM 2:58

T. HAMPTON
JUL - 7 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRISCO MEDICAL INVESTORS, LLLP

(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:

CATHY SCOTT

(Contact Person)

RENDINA COMPANIES

(Firm/Company)

661 UNIVERSITY BLVD., SUITE 200

(Address)

JUPITER, FL 33458

(City, State and Zip Code)

For further information concerning this matter, please call:

CATHY SCOTT

(Name of Contact Person)

at (561) 630-5055

(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**

FRISCO MEDICAL INVESTORS,LLLP

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

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on JUNE 17, 2002, assigned Florida document number A02000000835, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

OCCURRENCE OF A LIQUIDATING EVENT SPECIFIED IN PARTNERSHIP AGREEMENT

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

SEE ATTACHED SIGNATURE PAGE

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

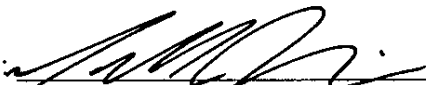
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SIGNATURE PAGE TO CERTIFICATE OF DISSOLUTION FOR FRISCO
MEDICAL INVESTORS, LLLP

SOLE GENERAL PARTNER:

FRISCO MEDICAL EQUITY INVESTORS,
LLLP, a Florida limited liability limited partnership,

By: FRISCO MEDICAL EQUITY, LLC, a Florida
limited liability company, its general partner

By: 
Michael D. Rendina, Vice President

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