

DEC 31 2013 10:30AM

JONES FOSTER 561 650 4495

NO. 207 PF 141

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561) 650-0471  
Fax Number : (561) 650-0431

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TALLAHASSEE, FLORIDA

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Division of Corporations  
TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP  
GRANT ASSET MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

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**A02-1358**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grant Asset Management, Ltd.  
(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:

THORNTON M. HENRY, ESQ.  
(Contact Person)

JONES FOSTER JOHNSTON & STUBBS, P.A.  
(Firm/Company)

505 S. FLAGLER DRIVE, SUITE 1100  
(Address)

WEST PALM BEACH, FLORIDA 33401  
(City, State and Zip Code)

For further information concerning this matter, please call:

DOMINIQUE A. PAYTON, ACP at ( 561 ) 650-0427  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2013 DEC 31 AM 8:23

FILED

**CERTIFICATE OF DISSOLUTION  
FOR**

Grant Asset Management, Ltd.

(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 10/10/2002, assigned Florida document number A02000001358, hereby submits this Certificate of Dissolution.

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

GRANT ASSET MANAGEMENT, LTD. IS BEING DISSOLVED BY THE CONSENT OF THE SOLE  
GENERAL PARTNER AND ALL LIMITED PARTNERS IN ACCORDANCE WITH  
SECTION 620.1801(1)(b), FLORIDA STATUTES.

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

**THIRD:** Effective date, if other than the date of filing: December 31, 2013

(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.:

Paul C. Simpson \_\_\_\_\_  
\_\_\_\_\_

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

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC 31 AM 8:23

**CERTIFICATE OF DISSOLUTION  
FOR**

Grant Asset Management, Ltd.

(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 10/10/2002, assigned Florida document number A02000001858, hereby submits this Certificate of Dissolution.

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

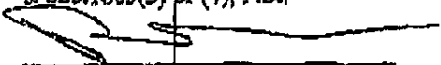
GRANT ASSET MANAGEMENT, LTD. IS BEING DISSOLVED BY THE CONSENT OF THE SOLE  
GENERAL PARTNER AND ALL LIMITED PARTNERS IN ACCORDANCE WITH  
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**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: December 31, 2013

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

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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