- AUBCOOCOOP

	(Requestor's Name)							
	(Address)							
	(Address)							
	(City/State/Zip/Phone #)							
☐ PICK-U	P WAIT MAIL							
	(Business Entity Name)							
(Document Number)								
Certified Copies	Certificates of Status							

Special Instructions to Filing Officer:

L. SELLERS

MAR - 2 2011

EXAMINER

Office Use Only



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RAP - PR SIO

COVER LETTER

_	ion Section of Corporations					
	RPORT CROSSING					
(Nam	e of Florida Limited Partnersh	nip or Limited Liability Lim	ited Partnership)			
The enclosed Ce	rtificate of Dissolution ar	nd fee(s) are submitted	for filing.			
Please return all	correspondence concerni	ng this matter to:				
Gary Welsh						
	(Contact Person)					
Euro American Ad	• 1					
	(Firm/Company)					
2203 N. Lois Ave,						
	(Address)					
Tampa, FL 3360						
	(City, State and Zip Code)	l				
For further inform	mation concerning this m	atter, please call:				
Gary Welsh		at (813) 353	3-8800			
(Name of C	Contact Person)		Paytime Telephone Number)			
Enclosed is a che	eck for the following amo	ount:				
\$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:		MAILING A	ADDRESS:			
Registration Section		Registration Section				
Division of Corporations		Division of C				
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314				
Tallahassee, FL		rananassee,	112,32314			
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CERTIFICATE OF DISSOLUTION FOR

Airport Crossings Capital 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 1.102.1003 assigned Florida document number A030000000009 hereby submits this Certificate of Dissolution.								
FIRST: Reason for dissolution: (S	State why part	tnership i	s submittir	ng dissoluti	ion)			
Partnership Dissolved.						_		
						_		
						_		
						_		
SECOND: A Notice of Disso (Check box if attack)		ched.						
THIRD: Effective date, if other than the d	late of filing:			· ·				
(Effective date cannot be prior to nor more Department of State.)	than 90 days aj	fter the da	e this docum	ent is filed by	y the Florida	a •		
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	r the person a	ıppointed	l pur cuan t i	.0		/	 	
	_ (Euro	Airpor	t Cross	ings Ir	<u>-</u> <u>1</u> c .	GP	
	_	Dir.	k van de	er Eems	, Presi	dent		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75							
						器-	AND THE	