

(Req	uestor's Name)	
(Address)		
(Address)		
(City)	/State/Zip/Phon	e #)
T PICK-UP	☐ WAIT	☐ MAIL
	—	
(Business Entity Name)		
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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13 JUL 16 FH 2:40

D. BUTLER

COVER LETTER

TO: Registration Section

Division of C	Corporations	,		
SUBJECT: SO	FRAN FOR	T Myers(EC	K) LTD	
(Name of I	Florida Limited Partnership	or Limited Liability Limit	ed Partnership)	
The enclosed Notice	of Dissolution and fee	e(s) are submitted for fi	ling.	
Please return all corr	espondence concernin	g this matter to:		
Jerry "	Smalley (Contact Person)		M. L. Selling	
Sofran F	(Firm/Company)	ECK LTD	ASSET OF	
237 S W) astmonte Dr (Address)	ise, 5-220	FLERRIDA	
Altamonte	Springs For City, State and Rip Code)	L 32703		
For further information concerning this matter, please call:				
Jorry Smal	ller-	at (407)	256 - 37 a 3 ytime Telephone Number)	
(Name of C	ontact Derson)	(Area Code and Da	ytime 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 ADDRES	S:	MAILING A	ADDRESS:	
Registration Section		Registration :	Section	
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 63	P. O. Box 6327	
2661 Executive Cent		Tallahassee,	FL 32314	
Tallahassee, FL 323	01			

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partner	ship or Limited Limited Partnership)
	0.1203, Florida Statutes, this Florida limited artnership, whose certificate was filed with the assigned Florida hereby submits this Certificate of
FIRST: Reason for dissolution: (State The Chtity hold Per operating agre dissolution.	why partnership is submitting dissolution) noter holds assets.
SECOND: A Notice of Dissolution (Check box if attached) THIRD: Effective date, if other than the date of (Effective date cannot be prior to nor more than Department of State.)	$\frac{1}{2}$
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:	Frinted Name TERRY SMAller Acting Monage for Robert Roule on (Deca assed)

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. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 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: Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.