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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>EAGCE TITLE</u> of Beamon LLL P (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:	
JARRELL BRITTS (Contact Person) Sacre The English	
CAGLE TITLE & ABSTRACT (Firm/Company) 5020 CENTRAL AUE	. \$ * <u></u> **
(Address) State and Zip Code) (City, State and Zip Code)	SECRETA
For further information concerning this matter, please call: JARRECL Raits at (727) 7970021 × 100 100	ILED BY OF STATE
\$52.50 Filing Fee S61.25 Filing Fee and Certified Copy and Certificate of Status \$105.00 Filing Fee Certified Copy, and Certificate of Status	. <u></u>
STREET ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

EACLE TITL	E of BRANDON, LCL P artnership or Limited Liability Limited Partnership)	
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of sectio	n 620.1203, Florida Statutes, this Florida limit ed partnership, whose certificate was filed wit	h the
·	State why partnership is submitting dissolution	
Cansashio No Conce	2 INTERESTED IN PACTUELSUIT	05
AS SET UP.		e o 1 o 21 a 2 o a o e 11. <u>€22.</u> O o o o o o o o o o o o o o o o o o o o
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		<u> </u>
SECOND: A Notice of Dissol (Check box if attaction at the Check box). THIRD: Effective date, if other than the check box.	ched.)	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by th	ne Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:		SECRETARY OF TORP
		STATE STATE OR ATTOR
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	*A