

A03 000000709

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(Address)

(Address)

(City/State/Zip/Phone #)

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09 JUL 6 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JUL 7 - 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FRISCO II 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 at ( 561 ) 630-5055  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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 II 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 MAY 7, 2003, assigned Florida document number A03000000709, 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.:

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

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

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

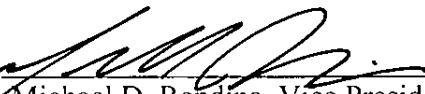
**FILED**  
09 JUL -6 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SOLE GENERAL PARTNER:

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

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

By:   
Michael D. Rendina, Vice President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA