

A03000001143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

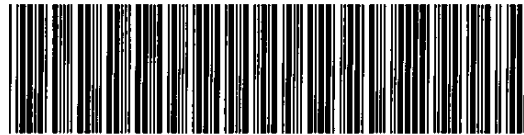
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FBBA Partners - Park Avenue, LLP
(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:

Tim BAKER
(Contact Person)

BBB - FBBA Partners - Park Avenue, LLP
(Firm/Company)

300 S Orange Ave, #900
(Address)

Orlando, FL 32801
(City, State and Zip Code)

For further information concerning this matter, please call:

Robin Layne at (407) 426-8288
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount: — Hester / Brenda already have received the check

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2007

TIM BAKER
300 S. ORANGE AVENUE, #900
ORLANDO, FL 32801

SUBJECT: FBBA PARTNERS - PARK AVENUE, LLLP
Ref. Number: A03000001143

We have received your document for FBBA PARTNERS - PARK AVENUE, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

The document must include a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 007A00029024

**CERTIFICATE OF DISSOLUTION
FOR**

ITBA Partners - Park Avenue, LLP
(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 12/31/06, hereby submits this Certificate of Dissolution.

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

We have sold the primary investment
that this company was holding. Therefore
we do not need this entity

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.:

X [Signature]
X [Signature]

Tim Baker
Carlos BARRIOS

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

2007 JUL -2 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED