#40300001313

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	; #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
·						

Office Use Only



500238034275

08/06/12--01002--002 **52.50

08/06/12--01002--003 **8.75

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LONG ANT OF STATE

K.SALY EXAMINER AUG 7 2012



Via Federal Express Ground August 2, 2012

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

Re: Certificate of Dissolution

Sembler E.D.P. Partnership #22, Ltd.

Document #A0300001313

Dear Sir or Madam:

Enclosed is the Certificate of Dissolution along with check #171617 for the \$52.50 filing fee for the dissolution of the above-referenced limited partnership.

Also enclosed is check # 172079 for \$8.75 for a Certificate of Status Under Seal once the dissolution is complete.

We respectfully request that the dissolution be effective as of the date of filing.

Please return your letter acknowledging the filing of this dissolution and the Certificate of Status Under Seal to my attention at the address shown below.

5858 Central Avenue St. Petersburg, FL 33707-1728

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Deann Lazzari Wojcicki Chief Financial Officer

DLW/vlm K*DeannLtrs FLA DOS ~ Dissolution –EDP 22 ~ 8-2-12

Enclosures

COVER LETTER

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TO: Registration S Division of C					
SUBJECT: Semb (Name of I	ler E.D.P. Partne Florida Limited Partnersh	ership ip or Lim	#22, L ited Liabi	<u>td.</u> lity Limit	ed Partnership)
The enclosed Certific	cate of Dissolution an	d fee(s)	are sub	mitted fo	or filing.
Please return all corre	espondence concernir	ng this r	natter to	:	
Deann Lazzari Wojcick	i				
	(Contact Person)				
The Sembler Compan					
	(Firm/Company)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5858 Central Avenue					
occo contrain a trondo	(Address)				
O. D. I	107 4700				
St. Petersburg, FL 337	707-1728 City, State and Zip Code)				
(1	only, State and Zip Code)				
For further informati	on concerning this ma	atter, pl	ease call	:	
Deann Wojcicki		at (727) 384-	-6000, ext. 3015
(Name of Conta	ct Person)	······································	(Area Co	de and Da	ytime Telephone Number)
Enclosed is a check f	or the following amo	unt:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status)5.00 Filir ertified C		\$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		

CERTIFICATE OF DISSOLUTION FOR

CERTIFI	CATE OF DISSOL FOR	UTION	12 Aug
Sembler E.D.P. Partnership (Name of Florida Limited Pa		bility Limited Partner	FILED: 12 AUG -6 PM 4: 39 IALLEMAN OF STATE rship) da limited
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Sept document number A03000001313 Dissolution.	ed partnership, whose tember 10, 2003	e certificate was f	iled with the ned Florida
FIRST: Reason for dissolution: (S	tate why partnership	is submitting dis	solution)
This limited partnership has concluded	its intended business	purpose and is no le	onger conducting
business in Florida.			
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 after the d	ate this document is f	îled by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.: RONALD P.WHEELER	or the person appointed	ed pursuant to	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		