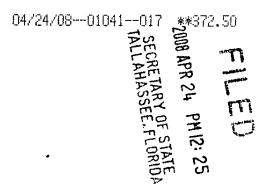
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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Document Number)						
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T. CLINE

APR 25 2008

EXAMINER

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COVER LETTER

TO:	Registration Division of C							
SUBJI	ECT: Codi	na Residential, I	Ltd. ip or Limited I	Liability Lir	nited Partnership)		•	
The en	nclosed Certifi	icate of Dissolution an	d fee(s) are	submitted	I for filing.			
Please	return all cor	respondence concerni	ng this matte	r to:				
Kolle	en O. P. (Cobb, Esq.						
		(Contact Person)						
Flag	ler Develo	pment Group						
		(Firm/Company)						
2855	LeJeune	Road, 4th Floor	i					•
	<u> </u>	(Address)						
Cora	al Gables	Florida 33134						
0010		(City, State and Zip Code)					~ >	
		(On), State and Dip Cour,				SE) () () ()	
For fu	rther informat	ion concerning this m	atter, please	call:		CRET	2008 APR 24	
Kolle	en O. P. 0	Cobb, Esq.	at (305	5) 5	20-2300	ARY (SSE	24	American Security
	(Name of Con	tact Person)	· (Are:	a Code and	Daytime Telephon	ie Number)	72	1
Enclos	sed is a check	for the following amo	ount:			STATI	, PH 12: 25	(L
▼ \$52.50 Filing Fee					ഗ			
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

Codina Residential, Ltd.				
(Name of Florida Limited Pa	artnership or Limited I	Liability Limited Parts	nership)	-
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 9/22 Certificate of Dissolution.	ed partnership, wh	ose certificate was		
FIRST: Reason for dissolution: (S	State why partnersh	nip is submitting d	issolution)	
Transfer of c	ill assets	of the	entry	
			ı	
			<u> </u>	
		<u></u>	·····	
SECOND: A Notice of Dissol (Check box if attac				
THIRD: Effective date, if other than the d	late of filing: May	1, 2008	<u>-</u> -	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the	e date this document i	s filed by the Florida	
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	r the person appoi	nted pursuant to		
Coding Residential	,Inc.			
By Julie OPCOO	F _			
V Kolleen Colb, 1	1_cefresident		F.o.	20
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		ECRETA	2008 APR 24
Certificate of Status (optional):	\$8.75		RY OF SSEE.F	jų PM