

A04000001657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

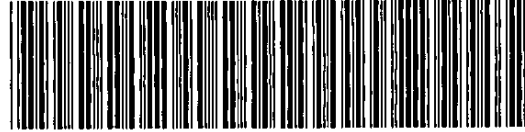
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/12--01026--018 **52.50

FILED
12 MAY 14 AM 10:24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 16 2012

EXAMINER

**CERTIFICATE OF DISSOLUTION
FOR**

Allen Konrad Capital Appreciation Investors Ltd.

(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 10/20/2004, assigned Florida document number A04000001657, hereby submits this Certificate of Dissolution.

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

In accordance with Florida Statutes Section 620.1801(1)(a), the happening of an event specified

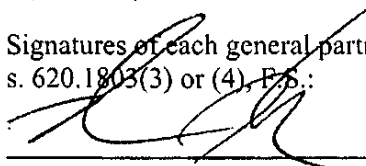
in the partnership agreement, namely the consent of a majority of the percentage interests of the limited partners.

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.:



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TALLAHASSEE, FLORIDA

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

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Allen Konrad Capital Appreciation Investors Ltd. F

Description of information that must be included in a claim:

Include nature and available documentation of claim.

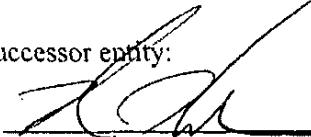
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

1801 S. Federal Hwy, 2nd Floor, Boca Raton FL 33432

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Robert L. Konrad Jr
Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA