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(City/State/Zip/Phone #)

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(Business Entity Name)

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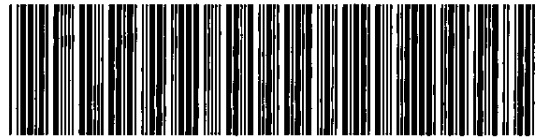
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07 DEC 13 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

AL. G. G. DEC 14 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERIKA M. ANDERSON FAMILY LIMITED PARTNERSHIP
(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:

WILLIAM G. ROY, ESQ.

(Contact Person)

THE ROY LAW FIRM, PL

(Firm/Company)

411 W. CENTRAL PARKWAY

(Address)

ALTAMONTE SPRINGS, FL 32714

(City, State and Zip Code)

For further information concerning this matter, please call:

WILLIAM G. ROY, ESQ. at (407) 869-1414

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

07 DEC 13 AM 10:16

ERIKA M. ANDERSON FAMILY LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 MARCH 10, 2005, hereby submits this Certificate of Dissolution.

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

THE PARTNERSHIP IS BEING DISSOLVED UPON AGREEMENT

OF THE GENERAL PARTNER AND EACH 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: DECEMBER 31, 2007

(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.:

Erika L. Anderson

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**

FILED
07 DEC 13 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

ERIKA M. ANDERSON FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

NAME & ADDRESS OF CREDITOR

AMOUNT OF CLAIM

BASIS FOR CLAIM AND SUPPORTING DOCUMENTATION

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

C/O WILLIAM G. ROY, ESQ.

THE ROY LAW FIRM, PL

411 W. CENTRAL PARKWAY

ALTAMONTE SPRINGS, FL 32714

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:

ERIK L ANDERSON
Printed Name

Erik L. Anderson
Signature

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