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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
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ON ON THE DISCOUNT (AT *** NAME OF

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J.10,18

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: VERDEZOTO FAM. L. Y. LIN: TED PART NER SHIP. (Name of Florida Limited Partnership or Limited Liability Limited Partnership) 17 FLORIDA LINITED PARTNERSHIP.
The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:
JOEL UNDERWOOD (Contact Person)
ROYAL FLOWERS INC. (Firm/Company)
2020 NW 89 PLACE (Address)
DORAL, FLORIDA 33172 (City, State and Zip Code)
For further information concerning this matter, please call:
TOFL UNDERWOOD at (305) H77-HH 83 F.M. 2103 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee and Certificate of Status S105.00 Filing Fee S105.00 Filing Fee Certified Copy 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

(Name of Florida Limited Partnership or	Limited Liabilit	y Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 64 document number 90500000 Dissolution.	620.1203, Find partnership	orida Statutes, this Florid , whose certificate was files	led with the led Florida
FIRST: Reason for dissolution: (Se	tate why part	nership is submitting diss	olution)
BUSINESS PURPO	DSE CC	MPLETER	
SECOND: A Notice of Dissolution (Check box if at		ned.	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	than 90 days as	oplicable statutory filing requir	
Signatures of each general partner or the pe	erson appointed	pursuant to s. 620.1803(3) or ((4), F.S.:
VEROFZOTU HANKEHOT LI	<u> </u>		
FOWIN VERDEZUTO PRESIDE	L T		SEC 7018
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		AUG -9 RETARY

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