#A05000000988

(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



000221668470

02/29/12--01002--021 **52.50

12 FEB 27 AM ID: 34
SECRETARILOF STATE
NATIONAL ANASSEE FEORIDA

KSALY EXAMINER FEB 29 2012

COVER LETTER

Division of Corporations					
SUBJECT: SOI ProPerti	es, LTD.				
(Name of Florida Limited Partnershi	(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:					
EDWARD LEIBOWIT (Contact Person) SDI Properties	<u></u>				
(Contact Person)					
SDI troterties (Firm/Company)	. UTD				
	S 31.				
16406 WILLAN DE (Address)	: Aoila				
(Address)					
TAMITA, TUA.	33613				
(City, State and Zip Code)					
For further information concerning this matter, please call:					
	•				
Name of Contact Person	at (813) 300 - 4555 (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:					
\$52.50 Filing Fee \$61.25 Filing Fee	\$105.00 Filing Fee \$113.75 Filing Fee,				
and Certificate of	and Certified Copy Certified Copy, and Certificate of Status				
PAND PRENIOUSLY Status	•				
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314				
Talialiassee, FL 52501					

CERTIFICATE OF DISSOLUTION FOR

12 FEB 27 AM 10: 34
SECRETARY OF STATE
FALLAHASSEE FLORIDA

SDI	PROPERTIES,	LTD	
-----	-------------	-----	--

(Name of Florida Limited P	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on	the description of the descripti
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
ALL BUSINESS	EDDED
SECOND: A Notice of Disso (Check box if atta	•
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.: Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Filing Fee: Certified Copy (optional):	\$52.50 \$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:
Description of information that must be included in a claim: Proof of Claim
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) EDWARD LEIBOWITZ
16406 MILLAN DE AVILA
TANUPA, FL. 33613
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 enfity: EDUKED LEBOUTZ Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.