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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 16 AM 8:21

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ATT: DEBORAH BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAZAR GROUP, LTD.
(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:

PATTY ZARRANANDIA
(Contact Person)
LAZAR GROUP
(Firm/Company)
1912 GLENDON DR
(Address)
MELBOURNE, FL 32901
(City, State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATTY ZARRANANDIA at (321) 872-0300
(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

I AM SENDING A CERTIFICATE OF DISSOLUTION AS PER YOUR REQUEST. YOU SHOULD HAVE EVERYTHING ELSE.

THANK YOU,
Patty



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2007

MARK ZARRANANDIA
1912 GLENDON DR
MELBOURNE, FL 32901

SUBJECT: LAZAR GROUP LTD
Ref. Number: A05000001139

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LAZAR GROUP LTD and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

The effective date cannot be prior to 04/10/07, the date received by this office.

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 907A00024383

**CERTIFICATE OF DISSOLUTION
FOR**

LAZAR GROUP, 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 _____, hereby submits this Certificate of Dissolution.

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

NO LONGER NEEDED

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.:

Mark Janas
Patty J

John Luch
Lina Lascha

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED