## A0500001253

| (Requestor's Name)      |  |            |  |  |
|-------------------------|--|------------|--|--|
|                         |  |            |  |  |
| (Address)               |  |            |  |  |
|                         |  |            |  |  |
| (Address)               |  |            |  |  |
|                         |  |            |  |  |
| (Cit                    | ty/State/Zip/Phone                     | e #)       |  |  |
|                         |  |            |  |  |
| PICK-UP                 | WAIT                                   | MAIL       |  |  |
|                         |  |            |  |  |
| (Bu                     | siness Entity Nam                      | 20)        |  |  |
| (50                     | isiness Entity Nan                     | ie,        |  |  |
| -                       | ······································ |            |  |  |
| (Do                     | cument Number)                         |            |  |  |
|                         |  |            |  |  |
| Certified Copies        | _ Certificates                         | of Status` |  |  |
|                         |  |            |  |  |
| Special Instructions to | Filing Officer:                        |            |  |  |
| •                       |  |            |  |  |
|                         |  |            |  |  |
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Office Use Only



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ECRELARY OF STATE

## **COVER LETTER**

| TO: Registration Division of | 1 Section<br>Corporations                    |  |  |
|------------------------------|--|--|--|
| SUBJECT: Roy's/R             | oseville, Limited Partnersh                  | ip                                     |  |
|                              | f Florida Limited Partnersh                  |  | nited Partnership)   |
| The enclosed Certi           | ficate of Dissolution ar                     | nd fee(s) are submitted                | for filing.  |
| Please return all co         | rrespondence concerni                        | ng this matter to:                     |  |
| Ariane McQueen               |  |  |  |
|                              | (Contact Person)                             | <del>==</del> ,                        |  |
| OS Pacific, Inc.             |  |  |  |
|                              | (Firm/Company)                               | <del></del>                            |  |
| 2202 N West Shore Bl         | vd., 5th Floor                               |  |  |
|                              | (Address)                                    |  |  |
| Tampa, FL 33607              |  |  |  |
|                              | (City, State and Zip Code)                   |  |  |
|                              |  |  |  |
| For further informa          | tion concerning this m                       | atter, please call:                    |  |
| Ariane McQueen               |  | at (_813)_282                          | -1225  |
| (Name of Cor                 | ntact Person)                                |  | Daytime Telephone Number)  |
| Enclosed is a check          | for the following amo                        | ount:                                  |  |
| \$52.50 Filing Fee           | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRE                 | SS:  | MAILING                                | ADDRESS:   |
| Registration Section         |  | Registration Section                   |  |
| Division of Corporations     |  | Division of Corporations               |  |
| Clifton Building             |  | · P. O. Box 6327                       |  |
| 2661 Executive Cer           |  | Tallahassee                            | ,FL 32314  |
| Tallahassee, FL 32           | 301  |  |  |



## CERTIFICATE OF DISSOLUTION **FOR**

FILED

07 APR -3 AM 11: 26

|  | lle, Limited Partnership       | SECRETARY OF STA               |             |
|--|--------------------------------|--------------------------------|-------------|
| (Name of Florida Limited Partners  | hip or Limited Liability Lim   | ited Parthership SSEE, FLO     | RIDA        |
| Pursuant to the provisions of section 620 partnership or limited liability limited pa Florida Department of State on 6/23/2005 Certificate of Dissolution. | rtnership, whose certific      | ate was filed with the         |             |
| FIRST: Reason for dissolution: (State  | why partnership is subm        | itting dissolution)            |             |
| Entity is no longer in use   |                                |                                |             |
|  |                                |                                |             |
|  |                                |                                |             |
|  |                                |                                |             |
|  |                                |                                |             |
| SECOND: A Notice of Dissolution (Check box if attached.)   |                                |                                |             |
| THIRD: Effective date, if other than the date of   | filing:                        | ·                              |             |
| (Effective date cannot be prior to nor more than ! Department of State.)   | 90 days after the date this do | cument is filed by the Florida |             |
| Signatures of each general partner or the  | person appointed pursua        | ant to                         |             |
| s. 620.1803(3) or (4), F.S.:   |                                | 1                              |             |
|  | Jorann'                        | THOMOW. VP&                    |             |
|  | Carralani                      | & Baishitan                    | JointVentur |
|  | TYLSOL                         | ginerai part                   |             |
| Filing Fee: \$52 Certified Copy (optional): \$52 Certificate of Status (optional): \$8.3   | .50                            | •                              |             |