## 405000001365

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
_	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	APR - 5 2010

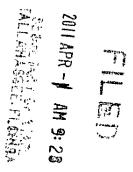
Office Use Only

**EXAMINER** 



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04/01/11--01018--003 \*\*52.50



## **COVER LETTER**

4

TO: Registration Division of C				
	TAYLOR LIMITE			
(Name of	Florida Limited Partnersh	ip or Limited Liabilit	y Limited Partnership)	
The enclosed Certifi	cate of Dissolution ar	nd fee(s) are submi	itted for filing.	
Please return all corn	respondence concerni	ng this matter to:		
ROBËRT M. TAYL	.OR			
	(Contact Person)		•	
	(Firm/Company)			
13451 McGREGOR	BOULEVARD, SUITE	27		
	(Address)		•	
FORT MYERS, FL				
(	City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:		
EDWINA VEILLETTI	<b>=</b>	at ( 239	չ 481-2011, ext 191	
(Name of Contact Person)			and Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
✓ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop		
STREET ADDRES	S:	MAILI	NG ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Cent Tallahassee, FL 323		Tallaha	ssee, FL 32314	

## CERTIFICATE OF DISSOLUTION FOR

BR TAYLOR LIMITED	PARTNERS	SHIP	
(Name of Florida Limited P	Partnership or Limit	ed Liability Limited Partnershi	ip)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on	ted partnership, ULY 14, 2005	whose certificate was file, assigned	d with the d Florida
document number A05000001365 Dissolution.	, here	by submits this Certificate	e of
Dissolution.			
FIRST: Reason for dissolution: (	State why partne	ership is submitting dissol	ution)
Limited Partnership dissolved effect	tive December 31	I, 2010	201
			140 A
			APR L
			99.44 C11—
			27. 基
			<u> </u>
SECOND: A Notice of Disso (Check box if atta)  THIRD: Effective date, if other than the	nched.)		<b>©</b>
Effective date cannot be prior to nor mor Department of State.)			l by the Florida
Signatures of each general partner of 620. 803(3) or (4), F.S.:	or the person ap	pointed pursuant to	
MMMM	BENEVAL	PARTMER	
Linda K Nyla	Gereron	8 BRINGS	
	<del></del>		
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		