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COVER LETTER

SUBJECT: THE VIRETTA PRIEST FAMILY LIMITED (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: WES HARVIN, TT (Contact Person) HARVIN, HARVIN 3 PINNOCK, LLP (Firm/Company) 9DO E. OCFAN BLVD, STE. 210B (Address) STDART, FL 34994 (City, State and Zip Code) For further information concerning this matter, please call: WES HARVIN, TL (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: S\$2.50 Filing Fee \$105.00 Filing Fee and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 632.73 Filing Fee Talbabassee ET, 32314	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to: WES HARVIN, TT. (Contact Person) HARVIN, HARVIN 3 PINNOCK, LLP (Firm/Company) 900 E. OCFAN BLVD., STE. 210B (Address) STDART, St. 34994 (City, State and Zip Code) For further information concerning this matter, please call: WES HARVINTI at 772 280-3630 (Name of Contact Person) Enclosed is a check for the following amount: Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building Rev. Address MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327		
WES HARUIN, TT. (Contact Person) HARVIN, HARVIN 3 PINNOCK, LLP (Firm/Company) 9DO E. OCFAN BLVD., STE. 210B (Address) STDART, FL. 34994 (City, State and Zip Code) For further information concerning this matter, please call: WES HARVIN TL (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327	The enclosed Certificate of Dissolution and	d fee(s) are submitted for filing.
HARVIN, HARVIN 3 PINNOCK, LLP (Firm/Company) 9DO F. OCFAN BLVD., STE. 210B (Address) STIDART, FL 3494 (City, State and Zip Code) For further information concerning this matter, please call: WES HARVIN TL at 772 280-3630 (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: S\$2.50 Filing Fee and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Cliffon Building Registration Section Division of Corporations Cliffon Building	Please return all correspondence concerning	g this matter to:
STIDART, FL 3494		
STIDART SUMPLE State and Zip Code For further information concerning this matter, please call: WES HARUIN T	HARVIN, HARVIN 3 PIN (Firm/Company)	NOCK, LLP
For further information concerning this matter, please call: WES HARUNTL at (772) 286-3630 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: S52.50 Filing Fee (\$61.25 Filing Fee and Certificate of Status) STREET ADDRESS: Registration Section (Section) Division of Corporations (Clifton Building) Registration Section (Section) Division of Corporations (Clifton Building)	900 E. OCFAN BLVD., (Address)	STE. 210B
NES HARUNT at (772) 280-3630 (Name of Contact Person) Enclosed is a check for the following amount: \$\sum_{\text{S52.50}} \text{Filing Fee} \text{\$\sum_{\text{S105.00}} \text{Filing Fee} \text{\$\sum_{\text{S113.75}} \text{Filing Fee} \text{\$\sum_{\text{Status}}} \text{\$\sum_{\text{Certified Copy}} \text{\$\sum_{\text{Certified Copy}} \text{\$\sum_{\text{Certificate of Status}}} \] STREET ADDRESS: Registration Section Division of Corporations Clifton Building At (772) 280-3630 (Area Code and Daytime Telephone Number) \$\text{\$\text{S113.75} \text{Filing Fee} \text{\$\sum_{\text{S113.75} \text{Filing Fee}} \text{\$\sum_{\text{S113.75} \text{Filing Fee}} \text{\$\sum_{\text{S113.75} \text{Filing Fee}} \text{\$\text{ADDRESS:} \text{\$\text{Certificate of Status}} \]	STOART, PL 34994 (City, State and Zip Code)	
(Name of Contact Person) Enclosed is a check for the following amount: \$\int_{\text{S52.50 Filing Fee}} \text{S61.25 Filing Fee} \text{S105.00 Filing Fee} \text{S113.75 Filing Fee}, \text{Certified Copy}, \text{ and Certified Copy, and Certificate of Status} \$\text{STREET ADDRESS:} \text{MAILING ADDRESS:} \text{Registration Section} \text{Division of Corporations} \text{Division of Corporations} \text{Cifton Building} \text{P. O. Box 6327}	For further information concerning this ma	atter, please call:
STREET ADDRESS: Registration Section Division of Corporations Clifton Building S61,25 Filing Fee and Certificate of S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Clifton Building Division of Corporations P. O. Box 6327		at (772) 286-3630 (Area Code and Daytime Telephone Number)
and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building And Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	Enclosed is a check for the following amou	unt:
Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P. O. Box 6327	\$52,50 Filing Fee \$61,25 Filing Fee and Certificate of Status	and Certified Copy Certified Copy, and
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Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

THE URETTA PRIEST FAMILY UMITED PAR' (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	TNERS!
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 100, 2005, hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
CESSATION OF BUSINESS	
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.)	2 de 1
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	
Elice Pastine	
Manager of The	
Viretta Pricet Family LLC, Granial Partner of	
Filing Fee: \$52.50 The Viretto Priest	
Certified Copy (optional): \$52.50 Fomily Limited Certificate of Status (optional): \$8.75	
Partnership	

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:

THE VIRETTA PRIEST FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

ANY CLAIM MUST INCLUDE THE NAME OF THE CLAYMANT, CONTACT INFO AND HOURS OF BUSINESS FOR THE CLAYMANT'S COUNSEL AND A COMPLETE PRITATION OF ALL PERTINENT FACTS FORMING THE BASIS OF THE CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Florida

HARVIN, HARVIN'S PINNOCK, UP ATTN' WES HARVIN, IL 900 E. OCEAN BLVD', STE. 210-B STUART, PL 34994

Department of State.)

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 entity:

AUCE GASKINS

Printed Name

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.