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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ACCOUNTS OF STATE

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EXAMINER

MOS-3324

COVER LETTER

TO:

Section Street

Registration Section **Division of Corporations** SUBJECT: BAG-LIN ASSET MANAGEMENT LIMITED PARTNER SHIP (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: (Firm/Company) QUEEN BESS COURT
(Address) FT, PIERCE FL 34949
(City, State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person)

(Name of Contact Person)

(Area Code and Daytime Telephone Namber) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee ■ \$105.00 Filing Fee ■ \$113.75 Filing Fee; Certified Copy, and and Certificate of and Certified Copy Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

BAGLIN ASSET MANAGEMENT LIMITED PARTNET (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	1 z 425
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 /2-/30/05, hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
ALL GENERAL PARTNERS WISH TO	
DISSOLVE THE PARTNER SHIP	
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	mo kal
THIRD: Effective date, if other than the date of filing:	lineares Marian
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Adorday Department of State.)	
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	I
Rougel Ebaglie	
Canol & Bazer	
F. F. G. F.	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	