A000000000377

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	, ,,,, , , , , , , , , , , , , , , , ,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800093711318

03/21/07--01015--016 **113.75

SECRETARY OF STATE
STATE OF CORPORATIONS
OF WAR 21 AM 11: 13

COVER LETTER

TO: Registration Section	
Division of Corporations	#
SUBJECT: DE MICHELE PARTNERS, LP 1060 (Name of Florida Limited Partnership or Limited Liability Limited Partnershi	000016864 p)
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
DANIEL DE MICHELE	
(Contact Person) DE MICHELE CAPITAL MANAGEMENT, LLC (Firm/Company)	
(Firm/Company) 4311 SW 158 AVE (Address)	OT MAR 21 AM II: 13
MIAMI, FL 33185 (City, State and Zip Code)	COK
(City, State and Zip Code)	Ţ.
For further information concerning this matter, please call:	73
DANIEL DE MICHELE at (305) 299 - 71 (Name of Contact Person) (Area Code and Daytime Teleph	3 7 3
(Name of Contact Person) (Area Code and Daytime Teleph	ione Number)
Enclosed is a check for the following amount:	
\$52.50 Filing Fee \$\Bigcup \\$61.25 Filing Fee and Certificate of Status \$\Bigcup \\$105.00 Filing Fee and Certified Copy Certificate	opy, and
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

Doc # A06000000377 1060000 16864 MICHELE PARTNERS, LP DE (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 03/13/2006, hereby submits this Certificate of Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) CONDUCTING BUSINESS LONGER **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.: DANKEL DE MICHELE CAPITAL MANAGEMENT, LLC Filing Fee: \$52.50 Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):