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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Sity/State/Zip/Filone#) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| One side by the second |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY CHIATE



COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|----------------------|
| SUBJECT: All Source Proceeds (Name of Florida Limited Partners) | opty MANO hip or Limited Liability Lim | ited Partnership) | <u> </u> |
| The enclosed Certificate of Dissolution as | nd fee(s) are submitted | for filing. | |
| Please return all correspondence concerni | ing this matter to: | | |
| Robert J Wesct (Contact Person) | .] | O7/ SEC TALL | t Zingo |
| 8049 SE Pulots C | ove Teal | REPART C |) |
| (Address) Hobe Sound PL (City, State and Zip Code) | 33455 | AM IO: 48 OF STATE FELORIDA | n na Nama Nama |
| For further information concerning this m | , | / | ٠ |
| Janes Wesch (Name of Contact Person) | | 546 8894 Daytime Telephone Number) | |
| Enclosed is a check for the following amo | ount: | | |
| \$52.50 Filing Fee | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee, Certified Copy, and Certificate of Status | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING Registration Division of GP. O. Box 63 Tallahassee, | Section Corporations 327 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2007

ROBERT J. WESCH, JR. 8049 SE PILOTS COVE TERRACE HOBE SOUND, FL 33455

SUBJECT: ALL SOURCE PROPERTY MANAGEMENT LTD.

Ref. Number: A06000001128

07 APR -2 AH 10: 49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for ALL SOURCE PROPERTY MANAGEMENT LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 207A00001800

CERTIFICATE OF DISSOLUTION FOR

| All Source Pa | voirty | Mane | lal | med. | UI |
|--|---------------------------|----------------|-------------|-----------------------|------------|
| (Name of Florida Limited Pa | artnership or Limited | l Liability Li | mited Partn | ership) | |
| Pursuant to the provisions of section partnership or limited liability limit. Florida Department of State on Certificate of Dissolution. | e <u>d</u> partnership, w | hose certif | icate was | filed with the | |
| FIRST: Reason for dissolution: (S | State why partner | ship is subi | nitting di | ssolution) | |
| Company was | incor por | atid | n | LRLOR | 2 |
| | | | | SEI TALI | 07 |
| | | | - | ORE) AHV | MAN |
| | | | · , | 138 <u>6</u> 0 X88 | +2 4 |
| SECOND: A Notice of Dissol (Check box if attac | ution is attached. | | - | STATE | 64:01+ ¥ |
| THIRD: Effective date, if other than the d | late of filing: | | | | <u>_</u> · |
| (Effective date cannot be prior to nor more Department of State.) | than 90 days after t | he date this a | locument is | filed by the Flor | rida |
| Signatures of each general partner of s. 620.1803(3) or (4), F.S.: | or the person appo | ointed purs | uant to | | |
| See Attach | Ted | | | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 | | | | |

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: Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Florida 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:

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

Signature