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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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COVER LETTER

TO: Registration Division of C				
SUBJECT: CA	ATER LAKE CA Florida Limited Partnershi	PITAL PARTWES	z C. D. ted Partnership)	
The enclosed Certifi	cate of Dissolution an	d fee(s) are submitted t	for filing.	
Please return all corr	respondence concernir	ng this matter to:		
RUBEN	(Contact Person) -E CAPITAL PARTI (Firm/Company)		_	
	(Contact Person)		2009 FEB -2 PM 3: 36	
CRATER LAN	E CAPITAL PARTI	vers L.A.		. 54
	(Firm/Company)	ŕ		
723 S.E.	13 <i>STRPET</i> (Address)		SSE	•
	(Address)		汽车	
FT / Aug ga		,	<u> </u>	
-1- LAUDERI	ALF FL 333/L (City, State and Zip Code))	36	
	(+ , , +			
For further informat	ion concerning this ma	atter, please call:		
RUBEN V.	ROZENTAL	_at (<u>954) 7/</u>	2-2552	
(Name of Contact Person)		(Area Code and D	aytime 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 Fee and Certified Copy	☐ \$113.75 Filing Fee, Certified Copy, and 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 Cer		Tallahassee,	FL 32314	
Tallahassee, FL 32	301			

CERTIFICATE OF DISSOLUTION FOR

CRATER LAKE (AP)	TAL PARTNERS L-P)
(Name of Florida Limited Pa	ertnership or Limited Liability Li	imited Partnership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on No document number A OLOGO Dissolution.	ed partnership, whose certification of the very series of the very ser	ficate was filed with the, assigned Florida
FIRST: Reason for dissolution: (S	tate why partnership is sub	mitting dissolution)
COMPANY DISBANDED A	ND ASSETS DISBUR	SED TO CLIENTS.
		7 28
		9FE
		8-2 Ass
SECOND: A Notice of Disso (Check box if attack)		PM 3: 36
THIRD: Effective date, if other than the d	ate of filing: JAN VARY	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this	document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appointed purs	suant to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

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:
CRATER LAKE CAPITAL PARTNERS, L.P.
Description of information that must be included in a claim:
NAME, ADDRESS AND PROOF OF CLAIM. INCLUSED MUST
BE CAUSE FOR ACTION.
200 F
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: Rugu V. Rozewiki Printed Name Signature

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

\$52.50.