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## COVER LETTER

TO:

Registration Section

Division of Corporations

## SUBJECT: LAKE SHORE PLAZA II, LTD

(Name ofF!orida 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:

Lynda Watkins

(Contact Person)

**Stiles Corporation** 

(Firm/Company)

301 E. Las Olas Blvd

(Address)

Fort Lauderdale, FL. 33301

(City, State and Zip Code)

For further information concerning this matter, please call:

Lynda Watkins

at (954) 627-9350

\$105.00 Filing Fee

(Area Code and Daytime Telephone Mimber

(Name of Contact Person)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee

and Certificate of and Certified Copy
Status

\$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 ADDRESS:** 

Registration Section Division of Corporations P. 0. Box 6327 Tallahassee, FL 32314

## CERTIFICATE OF DISSOLUTION FOR

Filing Fee: CertifiedCopy Certificateof	y (optional): Status (optional):	\$52.50 \$52.50 \$8.75		
		-		
LAKE SHORE PL	LAZA II, LLC		Terry W. Stiles, Manag	ger J
Signatures of e s. 620.1803(3)		or the person	appointed pursuant to	SL
Department of Sta	nte.)		fter the date this document	is filed by the Filorida
	ve date, if other than the	v		PH12
SECOND:	A Notice of Dissolution is attached.  (Check box if attached.)			
All assets s	sold and distributed			
FIRST: Reason	on for dissolution: (	State why par	tnership is submitting o	dissolution)
partnership or Florida Departs	•	ted partnershi 12/04/2006	p, whose certificate wa	s filed with the gned Florida
,		•	Florida Statutes, this Flo	• •
LAKE SHO	ORE PLAZA II LTD	Partnershin or Li	mited Liability Limited Par	tnershin)