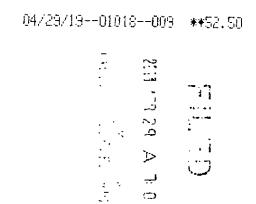
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COV	/ER LETTER	,
TO: Registration Section	<u> </u>	7.17
Division of Corporations		30
4	,) 2
SUBJECT: (Name of Florida Linhited Parti	nership or Limited Liability Limited Partnership)	< نب
)
The enclosed Certificate of Dissolution ar Please return all correspondence concerni	nd fee(s) are submitted for filing. ng this matter to: C Judnik	
(Contact	: Person)	
(Firm/Co	ompany)	
7.143	O N.E. 2312 Are.	
(Addre	(35)	
- Arian	n' FL 33180	
For further information concerning this ma	atter, please call:	
(Name of Contact Person)	at (786) 213-4703 (Daytime Telephone Number)	
Enclosed is a check for the following amo	unt:	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certificate of Status	j
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

Karir LLLP					
(Name of Florida Limited Partnership	or Limited Liability Lin	nited Partnership)			
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A 0 700000 Dissolution.	Tanuary 1:20	ose certificate was O 7 ass	s filed wi	th the	
FIRST: Reason for dissolution: ((State why partnersh	ip is submitting d	issolutio	نــ ئـا (n	
Ceased oferation				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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	-			0	
(Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	ne date of filing: re than 90 days after the es not meet the applicabl	le statutory filing req			.1
Signatures of each general partner or the p	person appointed pursual	nt to s. 620.1803(3) o	or (4), F.S.:		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				