## A07000000051

(Re	equestor's Name)	
(Ac	ldress)	
(Δα	ldress)	
(//-	uiess)	
(Cit	ty/State/Zip/Phone	<del>→ #)</del>
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
,000	iomoso Emai, man	,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000107345640

08/10/07--01011--017 \*\*25.00

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: THE DZIEKAN LIMITE		
(I	Name of Partnership)	
DOCUMENT NUMBER: A07000000	051	
The enclosed Statement of Dissolution for F	Partnership and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
FLICENE I DZIEKANI		
EUGENE J DZIEKAN		
(Name of Person)		
NONE		
(Firm/Company)		
22650 VISTAWOOD WAY		
(Address)		
BOCA RATON, FL. 33428		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
EUGENE J DZIEKAN	_at ( 561- ) 451-3358	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E070 (01/06)

## STATEMENT OF DISSOLUTION FOR PARTNERSHIP

Pursuant to section 620.8805, Florida Statutes, I hereby submit the following statement of dissolution:

(Note: A statement of dissolution cannot be filed with the Florida Department of State unless a partnership registration was previously filed and is of record with this office.)

FIRST: The name of the partnership is: DZIEKAN FAMILY LIMITED PARTNERSHIP
SECOND: The partnership was registered with the Florida Department of State on and assigned registration number A0700000051
THIRD: The partnership has dissolved and is winding up its business.
FOURTH: Effective date, if other than the date of filing: NO BUSINESS HAD BEEN STARTED (Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)
The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
Signed this 8TH day of AUGUST, 2007
Signature of a partner or authorized person:  EUGENE J. DZIEFAN  (Typed or printed name of partner signing above)
A PARTNERSHIP CONTINUES AFTER DISSOLUTION ONLY FOR THE PURPOSE OF

A PARTNERSHIP CONTINUES AFTER DISSOLUTION ONLY FOR THE PURPOSE OF WINDING UP ITS BUSINESS. THE PARTNERSHIP IS TERMINATED WHEN THE WINDING UP OF ITS BUSINESS IS COMPLETED. THE PARTNERSHIP REGISTRATION SHOULD THEN BE CANCELED.

Filing Fee: \$25.00 Certified copy: \$52.50 (optional)

Certificate of Status: \$ 8.75 (optional)

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314