

A07000000755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500115974455

01/25/08--01039--022 \*\*52.50

**FILED**  
08 JAN 25 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outagam JAN 31 2008



COVER LETTER

**NATIONAL DEVELOPER  
OF THE YEAR**



**TO:** Registration Section  
Division of Corporations

300 S.E. 2nd Street  
Ft. Lauderdale, Florida 33301  
954.627.9350  
954.627.9399 Fax  
stiles.com  
stiles@stiles.com

**SUBJECT:** SIMON EGRET, LTD.  
(Name of Florida 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:

Judy Sherman

(Contact Person)

Stiles Corporation

(Firm/Company)

300 SE 2nd Street

(Address)

Fort Lauderdale, FL 33301

(City, State and Zip Code)

For further information concerning this matter, please call:

Judy Sherman

(Name of Contact Person)

at ( 954 ) 627-9156

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

**08 JAN 25 AM 10:40**

SIMON EGRET, LTD.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/07/2007, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

All assets sold and proceeds distributed.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

EGRET INVESTMENTS LIMITED

PARTNERSHIP, by Egret

Investments, Inc., its general partner

By Terry W. Stiles  
TERRY W. STILES, President

|                                   |         |
|-----------------------------------|---------|
| Filing Fee:                       | \$52.50 |
| Certified Copy (optional):        | \$52.50 |
| Certificate of Status (optional): | \$8.75  |