

A07 000000206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

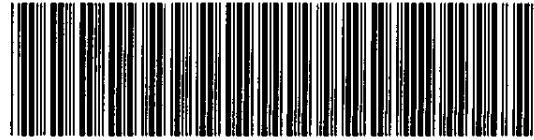
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EXAMINER



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10 NOV 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STEVEN A. SCIARRETTA, P.A.**

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA  
LL.M. IN TAXATION

THE HAMILTON  
2799 NW Boca Raton Blvd., #203  
Boca Raton, Florida 33431  
TELEPHONE: (561) 368-7978  
TOLL FREE: (800) 545-8454  
TELEFAX: (561) 368-8502

Asset Protection  
Business and Taxation Planning  
Probate Administration  
Trusts and Estate Planning

TWO DAY UPS

November 24, 2010

Florida Department of State  
409 East Gaines Street  
Clifton Building 2661  
Executive Center Circle  
Tallahassee, FL 32399

Re: Pavlo Partners LLLP .

Dear Sir/Madam:

In furtherance of your letter of November 12, 2010 [copy attached] we are resubmitting for filing a new Certificate of Dissolution for Pavlo Partners LLLP. Please note that this Dissolution *does not* indicate that a Notice of Dissolution will be attached.

As you are already holding our check in the amount of \$77.50, please process this matter and return appropriate documents to us.

Enclosed herein is a pre-paid, self-addressed UPS envelope for your convenience for returning documents to us.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta  
SAS/slb  
Enclosure

**CERTIFICATE OF DISSOLUTION  
FOR**

**PAVLO PARTNERS LLLP**

(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 OCTOBER 23, 2007, assigned Florida document number A07000001206, hereby submits this Certificate of Dissolution.

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

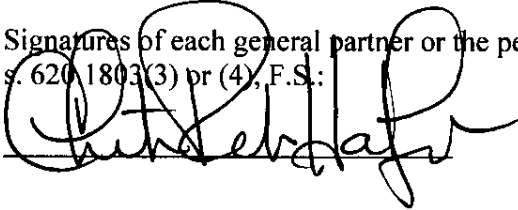
THE INTENDED ACTIVITIES OF THE PARTNERSHIP HAVE BEEN CONCLUDED

**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.:



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

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TALLAHASSEE, FLORIDA