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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Be	Ila Lago Pa	tners, L+d. ip or Limited Liability Limi		
(Name of I	Florida Limited Partnershi	ip or Limited Liability Limi	ted Partnership)	
The enclosed Certific	cate of Dissolution an	d fee(s) are submitted f	for filing.	
Please return all corr	espondence concernir	ng this matter to:		
Amber Se Royal Castle 11900 Bisc	udle-lazo			
	(Contact Person)			
Royal Castle	(Firm/Company)	<u></u>		
11900 Bisc	ayne Blud.	#262		
	(Address)			
Miami, FL	_ 33181 City, State and Zip Code)			
1 ((City, State and Zip Code)			
For further information concerning this matter, please call:				
Amber Seidl	0-1020	at (305) P	91-3231	
(Name of Conta	ct Person)	(Area Code and Da	91-333/ aytime Telephone Number)	
Enclosed is a check f	or the following amou	unt:		
\$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	S:	MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
rananassee, rt. 3230	J1			

CERTIFICATE OF DISSOLUTION FOR

Bella Lago Pa	Aners, Ltd. Partnership or Limited Liability Limited Partnership)
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on M	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the larch 21, 200 P, assigned Florida 0.505, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Entity no longe	er reeded
/ /	
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the	date of filing:
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of	or the person appointed pursuant to
s. 620.1803(3) of (4), F.S.:	2
ZAVV 8 CORC	
Filing Fee:	\$52.50 \$53.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75