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(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON APR 2 7 2009

EXAMINER

COVER LETTER

Division of C				
		enior Patner		
(Name of	Florida Limited Partnershi	ip or Limited Liability Limi	ited Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.				
Please return all corr	espondence concernir	ng this matter to:		
amber Se	(Contact Person)			
Loyal Castle	Builders L (Firm/Company)	<u> </u>		
11900 BISCAURE Blud. #262 (Address) Miami, Fl. 3318 1 (City, State and Zip Code)				
Miami Fl. 3318 /				
• (City, State and Zip Code)			
For further information concerning this matter, please call:				
amber Seide	1-1020	at (.305) 8°	7/-333/ aytime Telephone Number)	
(Name of Conta	act Person)	(Area Code and D	aytime 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 ADDRES	S:	MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of (
Clifton Building		P. O. Box 63	327	
2661 Executive Center Circle		Tallahassee,	FL 32314	
Tallahassee, FL 323	01			

CERTIFICATE OF DISSOLUTION FOR

Bella Lago Se	night Pather, Ltd. Partnership or Limited Liability Limited Partnership)
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limits. Florida Department of State on Mocument number <u>AO Pooooo</u> Dissolution.	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the narch 21 st , 2008, assigned Florida to 306, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Entity no lon	- · · · · · · · · · · · · · · · · · · ·
	ger needer
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 s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
	<u> </u>
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75 2 .30