A0800000539

. (Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	Office Use On	lv.



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03/31/09--01024--026 **25.00

04/09/09--01011--001 **27.50

DIVISION OF CORPORATION

OP APR -8 AM 10: 01

T. HAMPTON

APR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: BRYAN FAM	or Limited Liability Limited Partnership)
(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	g this matter to:
HENRY BRYAD	
BRYAN FAMILY (Firm/Company)	
4401 GULF SHORT	= BLDD, NO. #701
NAPLES, FLA, (City, State and Zip Code)	<u> 34103</u>
For further information concerning this mat	tter, please call:
HENRY BRYAN (Name of Contact Person)	at (239) 649-7636 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
\$52.50 Filing Fee \$61.25 Filing Fee 27, 50 BALANCE and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING 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	•



RECEIVED

09 APR -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 1, 2009

HENRY BRYAN BRYAN FAMILY, L.P. 4401 GULFSHORE BLVD - # 701 NAPLES, FL 34103

SUBJECT: BRYAN FAMILY, L.P. Ref. Number: A08000000539

We have received your document for BRYAN FAMILY, L.P. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00010967

CERTIFICATE OF DISSOLUTION **FOR**

Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75
s. 620.1803(3) or (4), F.S.:	N
	or the person appointed pursuant to
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days after the date this document is filed by the Florida
THIRD: Effective date, if other than the	date of filing: $4-06-09$.
SECOND: A Notice of Disso (Check box if atta	
BUSINESS AC	TIVITY.
	DIN ANY FURTHER
	BUSINESS. WILL NOT
LIP. IS DISOL	UING AND IS NOT
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
partnership or limited liability limit Florida Department of State on	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 55-20-08, assigned Florida 20.539, hereby submits this Certificate of
(14ame of 1 fortua Emitted 1	Partnership or Limited Liability Limited Partnership)