

A08000000626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 OCT 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. ~~Carlin~~ OCT 14 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EFB TRADING 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:

ERASTO FERNANDEZ
(Contact Person)

(Firm/Company)

15286 SW 104th STREET 2-28
(Address)

MIAMI, FLORIDA 33196
(City, State and Zip Code)

For further information concerning this matter, please call:

ERASTO FERNANDEZ at (786) 374-4577
(Name of Contact Person) (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
09 OCT 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFB TRADING LTD

(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 06/25/2008, assigned Florida document number A08000000626, hereby submits this Certificate of Dissolution.

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

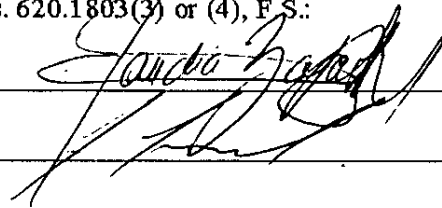
UNABLE TO DO ANY BUSINESS -

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