(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Boodinont Hambol)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
İ						

Office Use Only



400203660564

04/22/11--01009--010 **52.50

2011 APR 2.2 PM LE 60
SEGRETARY DE STATE
RECORDANS DE STATE

C. LEWIS

APR 2.7 2011

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 135	Florida Limited Partnersh	CAS REAL Esto: hip or Limited Liability Lin	te Officetunity Fund, LLLF nited Partnership))		
The enclosed Certif	icate of Dissolution ar	nd fee(s) are submitted	for filing.			
Please return all cor	respondence concerni	ng this matter to:				
SEAN L	(Contact Person)					
	(Contact Person)					
TOTALCI	(Firm/Company)					
	(Firm/Company)					
20711 5	texlington }	DRIVE				
Land O'L	(City, State and Zip Code)	638				
	(City, State and Zip Code)					
For further informat	ion concerning this ma	atter, please call:				
SEAN LY	205	at (813) 9	09-9191			
(Name of Cont	act Person)	(Area Code and D	Og-9191 Daytime Telephone Number)			
Enclosed is a check	for the following amo	unt:				
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy				
STREET ADDRES	S:	MAILING A	ADDRESS:			
Registration Section		_	Registration Section			
Division of Corporations			Division of Corporations P. O. Box 6327			
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314			
Tallahassee, FL 323						

CERTIFICATE OF DISSOLUTION FOR

HMERICAS KEAL		Offortuni	ty two	J, LLLP	
(Name of Florida Limited	Partnership or Li	mited Liability Limit	ted Partnership)		
Pursuant to the provisions of section partnership or limited liability liming Florida Department of State on document number AOD COOLOGO Dissolution.	ited partnershi 7 <i>-29-</i> 200	p, whose certifica	ite was filed v , assigned F	vith the Torida	
FIRST: Reason for dissolution:	(State why par	tnership is submit	ting dissoluti	on)	
No Longer in Bu	usiness				
J					
·····	.,				
				· · · · · · · · · · · · · · · · · · ·	
SECOND: A Notice of Diss (Check box if atta		hed.			
THIRD: Effective date, if other than the	date of filing:	·		·	
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days af	ter the date this docu	ment is filed by	the Florida	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	ppointed pursuan	t to	ZIII AP	1
	_			R 2 2	ginds game ga
				Y OF S	門で
				PRICE	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			D	
Certificate of Status (optional):	\$8.75				