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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

Office Use Only



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EXAMINER

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COVER LETTER

TO: Registration								
Division of	Corporations							
	ernton Lough Foyl Florida Limited Partnersh					 	=	
The enclosed Certif	icate of Dissolution ar	ıd fee(s)	are subr	nitted f	for filing.			
Please return all cor	respondence concerni	ng this r	natter to:	;				
	Gregory R. Ryan, Esq.							
	(Contact Person)							
Rvan &	Associates, Attorneys a	tlaw						
- Tyun u	(Firm/Company)			_				
20014		2000						
800 W	/est Sixth Street, Suite # (Address)	320		_		50 8		
	(Address)					三型 哥		
I	os Angeles, CA 90017					ALL ALL ALL		
	(City, State and Zip Code)	I.				G 20 TAR TASS	Section in	
						SE CO	र्षे स्टब्स्ट्राच्याः	
For further informa	tion concerning this m	atter, pl	case call	:		FOFE		
Greg Ryar	n, Esq.	at (_	213) 689	-0899	STATELORIES 5		
(Name of Con	tact Person)		(Area Coo	le and D	aytime Telepho	one Number)		
Enclosed is a check	for the following amo	ount:						
☑ \$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status		05.00 Filin Certified Co		S113.75 I Certified Co Certificate of	ppy, and		
STREET ADDRESS:			MAII	LING	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 32	301			,				

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CERTIFICATE OF DISSOLUTION **FOR**

Thornton Lough Foyle Management, Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limit partnership or limited liability limited partnership, whose certificate was filed wit Florida Department of State on August 14, 2008, assigned Florida Coument number A08000000746, hereby submits this Certificate of Dissolution.	h the
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
This Partnership has never commenced operations and has decided to form and operate	in a
different State.	Gent ton
	305 A
	哥哥哥
	- SEE 20
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	PH 12 OF ST E.F.L.
	STATE LORID
THURD: Effective date, if other than the date of filing: August 20, 2008	324
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Department of State.)	1e Florida
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4).	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	

\$52.50.

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: Thornton Lough Foyle Management, Ltd. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) C/o A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor entity: Joe Aires, CEO, Spectrum Estates, Inc. Printed Name Signature Fee: No charge if included with Certificate of Dissolution. If filed separately,