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COVER LETTER

(Contact Person) Donald M. Darrach, P.A. (Firm/Company) 2020 NW 89th Place (Address) Miami, Florida 33172 (City, State and Zip Code) For further information concerning this matter, please call: Donald M. Darrach at (305) 322-1222 (Name of Contact Person) Enclosed is a check for the following amount:	Division of C						
The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Donald M. Darrach					ty Limit	ed Partnership)	
Donald M. Darrach (Contact Person) Donald M. Darrach, P.A. (Firm/Company) 2020 NW 89th Place (Address) Miami, Florida 33172 (City, State and Zip Code) For further information concerning this matter, please call: Donald M. Darrach (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee	•		•			.,	
Contact Person	Please return all corr	respondence concerning	ng this r	natter to:			
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(Firm/Company) 2020 NW 89th Place (Address) Miami, Florida 33172 (City, State and Zip Code) For further information concerning this matter, please call: Donald M. Darrach (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee \$113.75 Filing Fee, and Certificate of Status \$105.00 Filing Fee Registration Section \$105.00 Filing Fee Registration \$105.00 Filing Fee Registration Section \$105.00 Filing Fee Registration Section \$105.00 Filing Fee Registration \$105.00 Filing		(Contact Person)					
Miami, Florida 33172 (City, State and Zip Code) For further information concerning this matter, please call: Donald M. Darrach (Name of Contact Person) Enclosed is a check for the following amount: \$\int_{\text{\$52.50 Filing Fee}} \frac{1}{2} \frac{\$61.25 Filing Fee}{\$113.75 Filing Fee}, and Certificate of Status \$\text{\$MAILING ADDRESS:}{\$Registration Section}\$	Donald M. Darrach, P.				_		
Miami, Florida 33172 (City, State and Zip Code) For further information concerning this matter, please call: Donald M. Darrach (Name of Contact Person) Enclosed is a check for the following amount: \$\int \frac{305}{(Area Code and Daytime Telephone Number)}\$ Enclosed is a check for the following amount: \$\int \frac{\$52.50 \text{ Filing Fee}}{\$\text{and Certificate of Status}}\$ \$\int \frac{\$105.00 \text{ Filing Fee}}{\$\text{and Certified Copy, and Certificate of Status}}\$ \$\int \frac{\text{STREET ADDRESS:}}{\text{Registration Section}}\$ Registration Section		(Firm/Company)					
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Donald M. Darrach		• •					
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Registration Section Registration Section	STREET ADDRESS:			MAIL	ING A	ADDRESS:	
Division of Corporations Division of Corporations							
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Clifton Building P. O. Box 6327	—						
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				Tallah	assee,	FL 32314	

CERTIFICATE OF DISSOLUTION FOR

Royal Flowers Group Globa	I, Lta.		
(Name of Florida Limited Pa	artnership or Limit	ed Liability Limited Partn	ership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Aug document number A08000000768 Dissolution.	ed partnership, ust 27, 2008	whose certificate was, assi	filed with the gned Florida
FIRST: Reason for dissolution: (S	state why partne	ership is submitting di	ssolution)
Purpose of partnership was completed.			
			
SECOND: A Notice of Disso (Check box if attack)		ed.	
THIRD: Effective date, if other than the d	late of filing:		
(Effective date cannot be prior to nor more Department of State.)	-		_
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person ap	pointed pursuant to	
REG. GP INC.	_	· · · · · · · · · · · · · · · · · · ·	
			
60WIL VENDERATO PRESIDE	<u>~</u> T		
Filing Fee:	\$52.50		NEOR ALL!
Certified Copy (optional):	\$52.50		ART NOV
Certificate of Status (optional):	\$8.75		23 - SSE
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