A0900000320

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COVER LETTER

TO: Registration S Division of C		_				
SUBJECT:(Name of F	GILLEN LI	MITED PART or Limited Liability Limite	NER 5H1 ed Partnership)	<u>P</u>	_	
The enclosed Certific	ate of Dissolution and	fee(s) are submitted for	or filing.			
Please return all corre	espondence concerning	g this matter to:				
PATRICI	(Contact Person)	ESQ.				
	(Firm/Company)			33:	2814	
99530	OVERSETT	s thuy # 2	2			
KEY L	City, State and Zip Code)	s Hwy #2 - 33037		58734 . J	8	
For further informati	on concerning this ma	tter, please call:			0	
PATRICIA (Name of Conta	CTE3SEL act Person)	_at (<u>305</u>) <u>43</u> (Area Code and Da	53-5Z cytime Telephone	フ <u>フ</u> 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 OF GILLEN LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 12, 2009 and assigned Florida document number A09000000320, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution:

The happening of an event specified in the partnership agreement, specifically. Section 11.1 (a) The sale of all or substantially all of the Property.

SECOND: The Effective Date of this Certificate of Dissolution shall be the date of filing.

General Partner:

Gillen Family, LX

Jeffrey D. Gillen, Managing Member

Douglas J. Giller Managing Memeber