

A1000000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05/03/11--01034--007 \*\*52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY -3 PM 4:51

FILED

C. LEWIS

MAY -5 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crown Crest Desert Holdings, LP  
(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:

Julie Saunders  
(Contact Person)

Khalsa McBrearty Accountancy  
(Firm/Company)

3200 N Central Ave Ste 1150  
(Address)

PHoenix, AZ 85012  
(City, State and Zip Code)

For further information concerning this matter, please call:

Julie Saunders at ( 602 ) 407-2888  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

**2011 MAY -3 PM 12:51**

**Crown Crest Desert Holdings, LP**

(Name of Florida Limited Partnership or Limited Liability Limited Partners

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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 12/31/2009, assigned Florida document number A10000000002, hereby submits this Certificate of Dissolution.

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

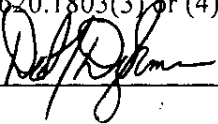
Partnership is no longer active with zero activity.

**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