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COVER LETTER

TO: Registration Division of C				
SUBJECT:	McLeary FA	O or Limited Liability Limit	ed Partnership)	
The enclosed Certifi	cate of Dissolution and	l fee(s) are submitted fe	or filing.	
Please return all corr	respondence concerning	g this matter to:		
Josep	(Contact Person)	2rg		
McL	(Prim/Company)	LLLP		
3950	N. Flagler Dr (Address)	. Apt 202		
We57	(Contact Person) Eng Family (Prim/Company) N. Flagler by (Address) Polm Black, (City, State and Zip Code)	F2 33407		
For further informat	ion concerning this ma	tter, please call:		
Name of Con	act Person)	at (<u>561</u>) <u>5/2-5974</u> (Area Code and Daytime Telephone Number)		
Enclosed is a check	for the following amou	int:		
552.50 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	
Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions ter Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	

FILED CERTIFICATE OF DISSOLUTION **FOR**

2915 DEC 11 AM 10: 43

	· OIL		
Mc Leary (Name of Florida Limited Par			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section partnership or limited liability limited. Florida Department of State on document number A D 0 000000 3	620.1203, Flo d partnership, 27//3/2 00023, acrel	orida Statutes, this F whose certificate w	lorida limited as filed with the ssigned Florida
FIRST: Reason for dissolution: (St	_		_
SECOND: A Notice of Dissol (Check box if attac	hed.)		· ·
THIRD: Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)		-	
Signatures of each general partner or s. 620.1803(3) or (4), F.S.: Joseph W. McLenry	the person ap	July C	C. Mc Leary
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		