AMOCOCON

| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
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| (Cit | ry/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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COVER LETTER

| TO: | Registration Division of 0 | Section Corporations | | | | | | | |
|--------------------------|-------------------------------|--|--------------------------|-----------------------------|-------------|---|---------------------------------------|---------------|------------|
| SUBJ | | About Biz LLLP Florida Limited Partnersh | íp or Lii | mited Liabi | lity Limi | ited Partnership) | · · · · · · · · · · · · · · · · · · · | | |
| The er | nclosed Certif | icate of Dissolution an | d fee(s | s) are subi | nitted I | for filing. | | | |
| Please | return all cor | respondence concerni | ng this | matter to | | | | | |
| Susan | Langley | | | | | | | | |
| | | (Comact Person) | | | | | | | |
| SRMG | LLC | | | | | | | | |
| | | (Firm/Company) | | | | | | | |
| 5002 1 | Rex Ave Ste 2 | 225 | | | | | | | |
| | | (Address) | | | | | | | |
| Boca F | Raton, FL 3343 | 1 | | | | | | | |
| Duca | | (City, State and Zip Code) | | | | | | | |
| | | . 4 · · · · · · · · · · · · · · · · · · | | | | | 3 2 | 60 | |
| For fu | rther informat | ion concerning this ma | atter, p | lease call | : | | | 2015 MAY -5 | Ŧ |
| Susan | Langley | | at (| 305 |) 610 | -6608 | 7 | ~ | - |
| <u> </u> | (Name of Con | tact Person) | | (Area Coc | le and D | ayume Telephone Nu | 林式 | က် | |
| Enclos | sed is a check | for the following amo | unt: | | | | 6.1.3 6.1.3 | PH | brand L |
| ☑ \$52 : | 50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | | 105.00 Film Certified Co | | Still 75 Filing F Certified Copy, and Certificate of Status | | 3: 2 9 | No. |
| STRE | ET ADDRES | SS: | | MAII | JNG 2 | ADDRESS: | | | |
| Registration Section | | Registration Section | | | | | | | |
| Division of Corporations | | | Division of Corporations | | | | | | |
| Clifton Building | | P. O. Box 6327 | | | | | | | |
| | Executive Cenassee, FL 321 | | | Tallal | iassee, | FL 32314 | | | |

CERTIFICATE OF DISSOLUTION FOR

| B. E. About Biz LLLP | |
|---|------------|
| (Name of Florida Limited Partnership or Limited Liability Limited Partnership) | |
| 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 June 7, 2011, assigned Florida document number A11000000424, hereby submits this Certificate of Dissolution. | |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution) | |
| No longer operating or conducting business | |
| | |
| | |
| | |
| | |
| SECOND: A Notice of Dissolution is attached. (Check box if attached.) | ŝ |
| 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 Flipping Department of State.) | ' <u> </u> |
| Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: | |
| Edwards Investments UC Sanda Ser | um. |
| | |
| | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |