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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PRESSLY, PRESSLY, RANDOLPH & PRESSLY, P.A.

Account Number : I20180000079 Phone : (561)659-4040

Fax Number : (561)655-6006

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DISS/TERM/CANCEL/REV OF LP/LLP EWP FAMILY PARTNERSHIP, LP

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CERTIFICATE OF DISSOLUTION FOR

| EWP Family Partnership, LP | | |
|---|---|--|
| (Name of Florida Limited Partnership o | r 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 September 30, 2011, assigned Florida document number_A11000000720, hereby submits this Certificate of Dissolution. | | |
| FIRST: Reason for dissolution: (S | State why partnership is submitting dissolution) | |
| Consent of all general partners and of all i | imited partners. | |
| | | |
| | | |
| SECOND: A Notice of Disso (Check box if a | | |
| Department of State.) | e than 90 days after the date this document is filed by the Florida is not meet the applicable statutory filing requirements, this date will; | |
| Signatures of each general partner or the p | erson appointed pursuant to s. 620.1803(3) or (4), F.S.: | |
| By: //////////////////////////////////// | | |
| Earl W. Fowell, Manager | | |
| Filing Fee: Certified Copy (optional): | \$52.50 \$52.50 | |
| Certificate of Status (optional): | \$8.75 | |