Alaco	00000741
(Requestor's Name) (Address) (Address)	100249470111
(City/State/Zip/Phone #)	100249470111 07/11/1301032001 **52.50
Certified Copies Certificates of Status	13 JULII PM 2:51 MUMHASSEE, FLORIDA
Office Use Only	Jul 15 溜9 D. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DBAM 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:

Melissa V. La Venia (Contact Person) Altro Levy LLP ((Firm/Company) <u>B30 Sherbrooke W., Suite 1200</u> (Address) <u>Montreal QC, H3A 1E4, Canada</u> (City, State and Zip Code)

PM 2:5

For further information concerning this matter, please call:

Melissa V. LaVenia at (514)940-8074 (Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

\$61.25 Filing Fee and Certificate of Status **\$105.00 Filing Fee** and Certified Copy State of Status

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution. $\overline{5}$

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

DBAM HOLDINGS LP

Description of information that must be included in a claim:

NAME OF PARTY MAKING CLAIM, GROUNDS FOR CLAIM, CLAIM BEING MADE,

REPRESENTATIVE OR CONTACT FOR CLAIMANT

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

ALTRO LEVY, LP

630 SHERBROOKE W., SUITE 1200

MONREAL, QC, H3A 1E4

CANADA

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Printed Name

Signature

JUL II PH 2:

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For: Little Blue Boat Holdings, LLC Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

CERTIFICATE OF DISSOLUTION FOR

DBAM HOLDINGS LP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	E 11
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited	— ì
partnership or limited liability limited partnership, whose certificate was filed with the	3
Florida Department of State on NOVEMBER 27, 2012, assigned Florida	PM 2:
Dissolution.	្ន
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
NO ON-GOING BUSINESS PURPOSE FOR LIMITED PARTNERSHIP.	
	-
	-
	-
	_
	-
SECOND: A Notice of Dissolution is attached.	-
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	-
(Check box if attached.)	-
(Check box if attached.) THIRD: Effective date, if other than the date of filing:	-
(Check box if 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	-
(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.)	-
(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	-
(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.) Bignatures of each general partner or the person appointed pursuant to . 620.1803(3) or (4), F.S.: <u>Y3 Dean Gosq</u>	-
(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	- - - -

Filing Fee:\$52.50Certified Copy (optional):\$52.50Certificate of Status (optional):\$8.75