A12062

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zip/ Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section	
Division of Corporations	
NORTH MARINA PARTNERS	
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution a Please return all correspondence concert Joseph A. Pontiff	
(Conta	ict Person)
(Firm/	Company)
13410 Almond Drive	
(Add	dress)
Fort Myers, FL 33908	
(City, State a	and Zip Code)
For further information concerning this	matter, please call:
Joseph A. Pontiff	at () 940-1583
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION **FOR**



NORTH MARINA PARTNERSHIP, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership) IAL 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 February 5, 1982 , assigned Florida , hereby submits this Certificate of document number A12062 Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Limited Partnership is dssovled pursuant to happening of events specified in the partnership agreement. **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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 \$8.75 Certificate of Status (optional):

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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
NORTH MARINA PARTNERSHIP, LTD.

Description of information that must be included in a claim:
The date, nature, amount and full decription of the claim.

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

13410 Almond Drive

Fort Myers, Fl. 33908

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:

Joseph A. Pontiff

Printed Name

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.