

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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SECRETARISTS A 9-39

SECRETARISTS A 9-39

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## **COVER LETTER**

| TO:  | Registration Division of C                  |   |   |                           |       |
|--|---|---|---|---------------------------|-------|
| SUBJ   |   | •   | vity Trvs 7<br>ip or Limited Liability Lim                      | Ltd.<br>ited Partnership) | -     |
| The e  | nclosed Certifi                             | cate of Dissolution an  | d fee(s) are submitted  | for filing.               |       |
| Please   | return all cor                              | respondence concernir   | ng this matter to:  |                           |       |
|  | Jay D.                                      | Bond, Jr<br>(Contact Person)  |   |                           |       |
|  | 428 No                                      | (Firm/Company)  Halifax Ha  (Address)  Beack F2  City, State and Zip Code)    | ve  |                           |       |
| _ <i></i>  | ry cono                                     | City, State and Zip Code)   | <u>- 32118</u>  |                           |       |
| For fu   | rther informat<br>a y D. B<br>(Name of Cont | on concerning this ma   | atter, please call:<br>_at ( <u>376_)_2</u><br>(Area Code and I | Daytime Telephone Number) | FILED |
|  |   | for the following amo   |   | SEE A                     | m     |
| \$52.  | 50 Filing Fee                               | \$61.25 Filing Fee<br>and Certificate of<br>Status                            | S105.00 Filing Fee<br>and Certified Copy                        | S113.75 real Fee O        | 0     |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building |   | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 |   |                           |       |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

| Magnolia Equity Tr<br>(Name of Florida Lymited Partnership or Li   | imited 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 $\frac{7/7/1972}{}$ , assigned Florida document number $\frac{A-12715}{}$ , hereby submits this Certificate of Dissolution. |  |        |  |  |  |  |  |
| FIRST: Reason for dissolution: (State why par  | •  |        |  |  |  |  |  |
| OUT of BUSi  | n e s s  |        |  |  |  |  |  |
|  |  |        |  |  |  |  |  |
|  |  |        |  |  |  |  |  |
| SECOND: A Notice of Dissolution is atta (Check box if attached.)   | ached.   | •      |  |  |  |  |  |
| THIRD: Effective date, if other than the date of filing:_  | N/A E B  |        |  |  |  |  |  |
| (Effective date cannot be prior to nor more than 90 days a<br>Department of State.)  | after the date this document is filed Fine Florida | =      |  |  |  |  |  |
| Signatures of each general partner or the person s. 620.1803(3) or (4), F.S.:  | $\simeq$   | m<br>U |  |  |  |  |  |
| Palmetto Operations, Inc   | By CORNEL OR BUT                                   |        |  |  |  |  |  |
| Palmetto Operations, Inc<br>Sole general purtner   | Jay D Bond JC                                      |        |  |  |  |  |  |
| Filing Fee: \$52.50  | Vice Presider                                      | +      |  |  |  |  |  |
| Certified Copy (optional): \$52.50<br>Certificate of Status (optional): \$8.75   |  |        |  |  |  |  |  |