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Division of Corporations

Fax Number

: (850)617-63B3

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Fax Number : (214)317-4754

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## STATEMENT OF TERMINATION FOR

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)			
Pursuant to the provisions of spartnership or limited liability Florida Department of State or Statement of Termination.	ection 620.1203, Florida Statutes, t limited partnership, whose certifica 07/07/2014	his Florida limited ite was filed with the , hereby submits this	
The limited partnership or limits affairs and wishes to file a s	ted liability limited partnership has tatement of termination.	completed winding up	
Signatures of each general parts. 620.1803(3) or (4), F.S.:	CLC	nt to SECOND AND SECOND TO THE PROPERTY OF THE	7820 DEC 30 PM 5: 38
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