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Account Number : (844)386-0178 Phone 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 section partnership or limited liability limite Florida Department of State on 11/0 Statement of Termination.	d partnership, whose cert	es, this Florida limited ificate was filed with, hereby submits	the	
The limited partnership or limited lists affairs and wishes to file a statem	ability limited partnership ent of termination.	has completed windi	ng up	
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	r the person appointed pu	rsuant to		
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