Page 1 of 1



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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO E EGZARET

Phone Fax Number : (407)841-1200 : (407)423-1831

DISS/TERM/CANCEL/REV OF LP/LLP RAINBOW SPRINGS, LIMITED

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04/04/2014 16:15 FAX 4074231831

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CERTIFICATE OF DISSOLUTION FOR

KAINBOW SPRINGS, LIMITED	
(Name of Florida Limited Partnership or Limited Liability Limited Partnership	ihip)
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florid partnership or limited liability limited partnership, whose certificate was fill	led with the
Florida Department of State on 08/20/1984 , assign document number A17293 , hereby submits this Certification	ed Florida
document number A17293 , hereby submits this Certifica	ite of
Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting diss	olution)
The consent and authorization of the General Partner of the partnership.	に ション
	TAN HAST
	17 D
	STAI NO.
	577
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 fl Department of State.)	lled by the Florida
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	
RAINBOW FLORIDA, LLC, sole General Partner By: RAINBOW FLORIDA GP, ING. 1961 Member	
_By:	
Eric P. Salsberg, President	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Contificate of Cintus (antique): CO 75	

(((H140000812973)))

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:
RAINBOW SPRINGS, LIMITED
Description, of information that must be included in a claim:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim (attach copy):
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Eric P. Salsberg
Fairfax Financial Holdings
95 Weilington Street West, Suite 800
Toronto, Onterio M5J 2N7 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: RAINBOW PLORIDA GP, INC., General Partner
By: Eric P. Galsberg, President
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

1006876.pdf

\$52.50.