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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Security Sto (Name of Florida Limited Parts	nership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution	on and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to:
Contact Person) Hechwere Brown (Firm/Company) 523 W. Horrer	
(Address) Day 70W Beach (City, State and Zip C	72118 Code)
For further information concerning th	is matter, please call:
O. LANGENCE BAGGET	at (<u>386</u>) <u>252-73//</u> (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following	amount: (Area Code and Daytime Telephone Number) 1, 25 plus puo.
\$52.50 Filing Fee \$61.25 Filing Fe and Certificate of Status	ee \$\int \\$105.00 \text{ Filing Fee} \\ and \text{ Certified Copy} \\ Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited P.	artnership or Limi	ited Dability Limited Partnership)	
	ed partnership,	whose certificate was filed with the hereby submits this	
FIRST: Reason for dissolution: (S	• •	- ·	
Business Terr	MINATE	<u>)</u>	N Y
		07 J	01 V 1 J 10
		EN -	
	· · · · · · · · · · · · · · · · · · ·	PH 2: 03	
SECOND: A Notice of Dissol (Check box if attack)		ed.	>
THIRD: Effective date, if other than the o	date of filing:	·	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days afte	er the date this document is filed by the Florida	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person ap	ppointed pursuant to	
Mar 1	_		
	_		
	_		
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		