A18810

(P.a.	aquestor's Name)				
(Requestor's Name)					
(A.4)	(d \)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
·	J				

Office Use Only



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ALLAHASSEE, FLORIO

EFFECTIVE DATE $\frac{4/9/10}{}$

COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT:	Florida Limited Partnershi	PARK Lip or Limited Liability Limi	ted Partnership)	_	
The enclosed Certif	ficate of Dissolution an	d fee(s) are submitted t	for filing.		
Please return all co	rrespondence concernir	ng this matter to:			
Josh	(Contact Person)	<i>5</i> 5			
P.O.	(Firm/Company)	313			
	DDLEBURG	3, Va. 20	118		
	(City, State and Zip Code)		~석이 찬		
For further informa	tion concerning this ma	atter, please call:		() () () () () () () () () ()	* Commercial Commercia
JOSHUA	Muss	_at (540) 3	364-3119	APR ~9	
(Name of Cor	itact Person)	(Area Code and D	aytime Telephone Number	L)	
Enclosed is a check	for the following amo	unt:	FLO	AH 7:	D
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Certified Copy, and Certificate of Status	≥	
STREET ADDRE	SS:	MAILING A	ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Cer		Tallahassee,	FL 32314		
Tallahassee, FL 32	301				

CERTIFICATE OF DISSOLUTION FOR

WINSTON PA	ARK L	ed Liability Limited Partnership)				
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on odocument number A 881 O Dissolution.	n 620.1203, Flo ed partnership, 1 6 9/1995	rida Statutes, this Florida limit whose certificate was filed wit	h the			
FIRST: Reason for dissolution: (S		•)			
All ASSETS SOLD-BUSINESS						
FINISHED .						
SECOND: A Notice of Dissolution is attached. (Check box if attached.)						
THIRD: Effective date, if other than the c	late of filing:	april. 9, 201	Q :			
(Effective date cannot be prior to nor more Department of State.)	: than 90 days afte	f r the date this document is filed by th	e Florida			
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person ap	•	Sher			
77	_	,				
U	_					
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		10 APR "9 M 7:			
		ØA.				

EFFECTIVE DATE 4/9/10