A24943

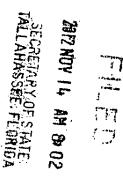
| (Requestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bu | siness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



600241485576

11/07/12--01006--013 **52.50



J. SAULSBERRY EXAMINER NOV 15 2012

COVER LETTER

| Division of O | | | | |
|--------------------------|---|--|--|--|
| SUBJECT:(Name of | Putnam Par Florida Limited Partnersh | thers LTD ip or Limited Liability Limi | ited Partnership) | |
| | | nd fee(s) are submitted | | |
| Please return all cor | respondence concerni | ng this matter to: | | |
| William | (Contact Person) | 7]] | 2317 NOV IL AM 80 02 SEGRETARY GESTATE TALLIAHASSEE, FEGRIO | |
| | (Firm/Company) | | | |
| P.O.Box | 801 | | 25 F | |
| | (Address) | · | FE | |
| Palatka | (Address) (Address) 72 78 (City, State and Zip Code) | 3 | TATE OF | |
| <u> </u> | (City, State and Zip Code) | | > | |
| | ion concerning this m | · • | | |
| William E | . Torode II | T _{at} (352) 5 | S46 - 5630 Paytime Telephone Number) | |
| (Name of Con | tact Person) | (Area Code and D | aytime Telephone Number) | |
| Enclosed is a check | for the following amo | ount: | | |
| \$52.50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | | ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status | |
| STREET ADDRES | 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

| (Name of Florida Limited P | Partner. | S, LTD | |
|---|-------------------|--------------------------|------------------------------|
| (Name of Florida Limited P | artnership or L | imited Liability Limited | l Partnership) |
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A24943 Dissolution. | ed partnersh | ip, whose certificate | e was filed with the |
| FIRST: Reason for dissolution: (S | State why pa | rtnership is submitti | ing dissolut <u>io</u> n) |
| Liquidation of | - all a | ssets | SEC ALL |
| | | | V C |
| | | | |
| | | | |
| | | | 2 × |
| SECOND: A Notice of Disso (Check box if atta | iched.) | | 1 2012 |
| THIRD: Effective date, if other than the | date of filing:_ | vovember | 71, 4014. |
| (Effective date cannot be prior to nor more Department of State.) | e than 90 days | after the date this docu | ment is filed by the Florida |
| Signatures of each general partner of \$. 620.1803(3) or (4), F.S.: | or the person | appointed pursuant | t to |
| William E. Lorodos | II, Gener | al Partner | |
| | | | |
| | | | |
| Filing Fee: | \$52.50 | | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | | |