

A 25114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

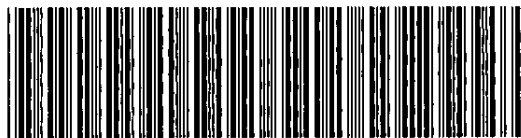
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 SEP 29 PM 4: 12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

SEP 30 2009

EXAMINER

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 29 AM 8: 59



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 140168 4324348
AUTHORIZATION : [Signature]
COST LIMIT : \$ 52.50

FILED IN SHARON
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 29 AM 8:59

ORDER DATE : September 29, 2009
ORDER TIME : 2:01 PM
ORDER NO. : 140168-005
CUSTOMER NO: 4324348

DOMESTIC FILINGS

NAME: SHARON GARDENS LIMITED PARTNERSHIP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER'S INITIALS:

**CERTIFICATE OF DISSOLUTION  
FOR**

**SHARON GARDENS LIMITED PARTNERSHIP**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 31, 1987, assigned Florida document number A25114, hereby submits this Certificate of Dissolution.

FILED STATE  
SECRETARY OF CORPORATIONS  
09 SEP 29 AM 8:59  
DIVISION OF CORPORATIONS

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

Disposition of substantially all of the partnership property.

\_\_\_\_\_

\_\_\_\_\_

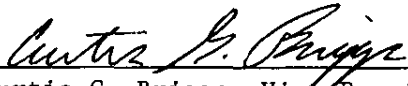
\_\_\_\_\_

**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 filed by the Florida Department of State.)*

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
Curtis G. Briggs, Vice President of  
SCI Funeral Services of Florida, Inc., the General Partner

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75