A2617Z

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
A26172							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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FRECTIVE DATE

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: FOXCROFT ASSOCIATES LTD. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)								
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to:								
JOANNE E. BLANCK,				_				
,	(Contact Person)							
BLUMENTHAL SQUIRE & BLANCK								
	(Firm/Company)			_				
2494 WHITNEY AVEN	IUE							
2404 WITHET AVEN	(Address)			_				
	, ,							
HAMDEN, CT 06518				_				
(0	City, State and Zip Code)							
For further information concerning this matter, please call:								
JOANNE BLANCK		at (203) 230-	-3567			
(Name of Contact Person)			(Area Cod	_/	ytime Telephone Number)			
Enclosed is a check for the following amount:								
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		\$105.00 Filing Fee and Certified Copy		\$113.75 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS:			MAILING ADDRESS:					
Registration Section		Registration Section						
Division of Corporations			Division of Corporations					
Clifton Building			P. O. Box 6327					
2661 Executive Center Circle			Tallah	nassee, l	FL 32314			
Tallahassee, FL 323	01							



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 7, 2009

JJOANNE E. BLANCK, CPA **BLUMENTHAL SQUIRE & BLANCK** 2494 WHITNEY AVENUE HAMDEN, CT 06518

SUBJECT: FOXCROFT ASSOCIATES LTD.

Ref. Number: A26172

We have received your document for FOXCROFT ASSOCIATES LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

This document was received on 1/6/09.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan **Document Specialist**

Letter Number: 509A00000440

CERTIFICATE OF, DISSOLUTION FOR

+

(Name of Florida Limited Pa		ility Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on MAF document number A26172 Dissolution.	ed partnership, whose RCH 25, 1988	certificate was filed , assigned	with the Florida	he
FIRST: Reason for dissolution: (S	tate why partnership	is submitting dissolu	tion)	
LIMITED PARTNERSHIP HAS CEAS	ED OPERATIONS & D	ISTRIBUTED ALL		
ASSETS TO THE PARTNERS.	TAL	09		
			CRET	JAN
			ARY G	5 2
SECOND: A Notice of Disso (Check box if attack)	STATE: FLORIDA	ာ: 0 6		
THIRD: Effective date, if other than the d	late of filing: DECEMBE	:R 29, 2008- JANUAR	Y 20	<u>, 2</u> 009
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the da	te this document is filed	by the F	<i>`lorida</i>
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appointe	d pursuant to		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			