(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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671

A26567

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11/15/06--01004--002 **8.75

10/25/06--01012--006 **43.75

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: ARTICLES OF DISSOLUTION TO DISSOLVE A FLORIDA;	PROFT
CORPO	PATIO
DOCUMENT NUMBER: A26567	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
WILLIAM H. SKINNER (Name of Contact Person)	
WIND FALL FARM, LTD. (Firm/Company)	
(Firm/Company)	
P.O. BOX 3497	
P.O. Box 3497 (Address)	0
PONTE VEDRA BEACH, FL 32004-3497 City/State and Zip Code)	06 NOV 15 PM 3: 22
(City/State and Zip Code)	115
For further information concerning this matter, please call:	15 PM
ORIE	င္မာ
WILLIAM H. SKINNER at (904) 280-6969	22
(Name of Contact Person) at (904) 280-6969 (Area Code & Daytime Telephone Number	r)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2006

WILLIAM H SKINNER WIND FALL FARM, LTD. PO BOX 3497 PONTE VEDRA BEACH, FL 32004-3497

SUBJECT: WIND FALL FARM, LTD.

Ref. Number: A26567

We have received your document for WIND FALL FARM, LTD. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$8.75.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 606A00064368

CERTIFICATE OF DISSOLUTION FOR

Wind FALL FAR (Name of Florida Limited F	Partnership or Limited Liability Limited P	artnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Certificate of Dissolution.	ted partnership, whose certificate v	vas filed with the
FIRST: Reason for dissolution: (State why partnership is submitting	g dissolution)
all assets no	ld and destribute	A. to
General Partner	ed and destributed of	Partners
		750 06
		ECRE ECRE
		TEAR V 15
SECOND: A Notice of Disso	lution is attached.	Y OF
(Check box if atta	ched.)	M 3: FLOF
THIRD: Effective date, if other than the	date of filing:	1: 22 RIDA RIDA
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the date this docume	nt is filed by the Florida
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
William H. Skinn		
Elizabeth B. Skins		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	