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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, PA
Account Number : 070674001534
Phone : (561) 624-3900
Fax Number : (561) 624-3533

DISS/TERM/CANCEL/REV OF LP/LLP
SFLP, LTD.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$52.50 |

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M. SOLOMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFLP, 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:
RICHARD K. BARRA

(Contact Person)

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

(Firm/Company)

4400 PGA BOULEVARD, SUITE 603

(Address)

PALM BEACH GARDENS, FLORIDA 33410

(City, State and Zip Code)

For further information concerning this matter, please call:

RICHARD K. BARRA at (561) 624-3900

(Name of Contact Person) (Area Code) (Daytime 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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**CERTIFICATE OF DISSOLUTION
FOR**

SFLP, LTD.

(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 January 24, 1989, assigned Florida document number A27308, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
PURPOSES OF PARTNERSHIP HAVE BEEN COMPLETED

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

FLP INVESTMENT CORP.
BY: *Justin Henderson* _____
President _____

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

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