A29396

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
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O7 JAN 22 PH 2: 29 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
	ARTHERS LTD			
~~~~~~~ <u>~~</u>	ership or Limited Liability Limited Partnership)			
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence conce	erning this matter to:			
ATTILIO DI M (Contact Person)	ARCO			
(Firm/Company)				
2164 DEER HO	LLOW CIR			
LONGWOOD, FL	32779			
(City, State and Zip C	ode)			
For further information concerning thi	s matter, please call:			
ATTILIO DI MARCI	0 at (352) 267-2050			
(Name of Contact Person)	(Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$52.50 Filing Fee \$61.25 Filing Fe and Certificate of Status	e \$\sum \\$105.00\ \text{Filing Fee}  \text{Certified Copy}  \text{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			



January 3, 2007

ATTILIO DI MARCO PO BOX 915485 LONGWOOD, FL 32791

SUBJECT: ADM3 PARTNERS, LTD.

Ref. Number: A29396

We have received your document for ADM3 PARTNERS, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida limited partnership or limited liability limited partnership must file a Certificate of Dissolution (with or without a Notice of Dissolution) in order to dissolve the limited partnership. The fee to file the Certificate of Dissolution (with or without a Noticeof Dissolution) is \$52.50. Once the limited partnership or limited liability limited partnership has filed a Certificate of Dissolution and and and and and it is affairs, it may file a Statement of Termination. The fee to file the Statement of Termination is an additional \$52.50.

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: 607A00000359

## CERTIFICATE OF DISSOLUTION FOR

ADM3 PA	RTNERS LTD	
	Partnership or Limited Liability Limited Partnership)	
partnership or limited liability limi	on 620.1203, Florida Statutes, this Florida limited ited partnership, whose certificate was filed with the 2-22-1989, hereby submits this	
FIRST: Reason for dissolution: (	(State why partnership is submitting dissolution)	
TERMINATING	BUSINESS	
<u> </u>	TS:	-9
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	HAD AND AND AND AND AND AND AND AND AND A	1 22
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	ES	1 2:2
SECOND:  A Notice of Disso (Check box if atta		29
THIRD: Effective date, if other than the	date of filing:	
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days after the date this document is filed by the Florida	
Signatures of each general partner s \$20.1803(3) or (4), F.S.:	or the person appointed pursuant to	
PRESIDENT OF PEI GENERAL PARTN	Homes Inc. VER	
	· · · · · · · · · · · · · · · · · · ·	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	

## NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:	
ADM3 PARTNERS LTD	
Description of information that must be included in a claim:	
1. NAME AND ADDRESS, PHONE NO. OF	
CLAIMANT, 2) ADDRESS OF PROPERTY	
3) REASON FOR THE CLAIM, 4) ATTORNE	Y
FOR THE CLAIMANT	_
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)  PO Box 915485  Long-wood, FL 32779  PER 2	FILED
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.  Signature of a general partner or a principal of the successor entity:  1771C (0 D) MAR (0 MA	, ( )
Printed Name Signature	

Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.