

A 31010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A31010

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06 JUN 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. G.

JUN 16 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Codevco Limited Partnership
(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:

Tara M. Abbott

(Contact Person)

Dodi Management Group Inc.

(Firm/Company)

303 West Madison St., Suite 1300

(Address)

Chicago, IL 60606

(City, State and Zip Code)

For further information concerning this matter, please call:

Tara M. Abbott

(Name of Contact Person)

at (312) 384-8100

(Area Code and 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2006

TARA ABBOTT
DODI MANAGEMENT GROUP INC.
303 WEST MADISON STREET #1300
CHICAGO, IL 60606

SUBJECT: CODEVCO LIMITED PARTNERSHIP
Ref. Number: A31010

We have received your document for CODEVCO LIMITED PARTNERSHIP and your check(s) totaling \$52.50. 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.

The Certificate of Dissolution needs to be completed in addition to Statement of Termination. The Dissolution is filed first and also note the addition filing fees.

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: 806A00037492

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

06 JUN 15 AM 11:05

Codevco Limited Partnership

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

(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 December 28, 1990, hereby submits this Certificate of Dissolution.

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

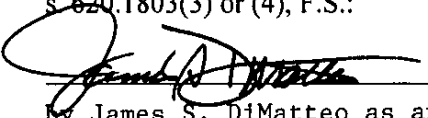
The limited partnership has ceased to do business and has completed winding up its affairs.

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.:


by James S. DiMatteo as an officer of Codevco Real Estate Co. Inc (this entity's general partner)

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