A 93000000 249

(Danisahada Nassa)							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/7in/Dhana th							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Marile)							
(Document Number)							
Outral Outral							
Certified Copies Certificates of Status							
Special Instructions to Filing Offices:							
Special Instructions to Filing Officer:							

Office Use Only



300196024543

02/28/11--01054--015 **52.50

"SECRETARY OF STATE TALLAHASSEE, FLORID?

THE SO DM I.

J. SAULSBERRY EXAMINER

MAR 0 2 2011

February 25, 2011

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

Re: Charyk Investment Limited Partnership

To Whom It May Concern:

Enclosed please find a cover letter and a Certificate of Dissolution prepared in respect of the Charyk Investment Limited Partnership. The assets of the Partnership have been distributed to its partners and the attached is being submitted to your office to effectuate the formal notice of dissolution of the entity.

Should you have any questions with respect to the matter, please do not hesitate to contact William R. Charyk using the contact information set forth in the attached cover letter or me at (561) 276-7607. I am submitting these documents in my capacity a General Partner of the Partnership.

Respectfully submitted

Joseph V. Charyk

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C						
SUBJI	ECT: Charyk (Name of	Investment Limited Partnersh	ntnership ip or Limited Liability Lin	nited Partnership)			
The en	closed Certifi	cate of Dissolution an	d fee(s) are submitted	for filing.			
Please	return all com	espondence concerni	ng this matter to:				
Willian	n R. Charyk, E	squire					
		(Contact Person)					
Arent f	Fox LLP				$\overline{\mathbf{z}}$	~	
		(Firm/Company)			ES	9	
1050.0	Connecticut Av	enue NW			AR	2011 FEB 28	-
	7011110000001710	(Address)			AS	Ö	
		, ,			SEX	æ	
Washi		036-5339			₩.	70	П
	(City, State and Zip Code)			S	P	-
					<u> </u>	կ։ 52	سندور
For fur	ther informat	ion concerning this m	atter, please call:		D :	2	
Willian	n R. Charyk		at (202) 85	7-6162			
(Name of Contact Person)		(Area Code and I	Daytime Telephone Nur	nber)			
Enclos	ed is a check	for the following amo	unt:				
□ \$ 52.5	0 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing For Certified Copy, and Certificate of Status			
STREET ADDRESS:		MATLING	ADDRESS:				
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
Clifton Building		P. O. Box 6327					
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee	, FL 32314				
i dilaili	10000, I'L J2J	O I					

CERTIFICATE OF DISSOLUTION FOR

Charyk Investment Limited Partnership						
(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 03/02/1993, assigned Florida document number A 93000000249, hereby submits this Certificate of Dissolution.						
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)						
The Partnership's Assets have been distributed to its partners						
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 Floridan Department of State.)	28 PM 4:	į				
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	: 52					
Edwino R. Charyk						
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75						